

## Payment Policy: Biopsychosocial Treatment of Obesity

Reference Number: MO.PP.802

Product Types: Medicaid

Last Review Date: 9-1-2022

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

### **POLICY OVERVIEW**

Biopsychosocial Treatment of Obesity provides integrated medical nutrition therapy (MNT) and behavioral health services, coordinated by the primary care or referring physician, or other licensed practitioner, to facilitate behavior changes to manage obesity and associated comorbidities for youth and adult participants. This program offers services consistent with the United States Preventive Services Task Force (USPSTF) recommendations for intensive, multicomponent behavioral interventions to improve weight status for adults and children/youth with obesity

Home State Health (HSH) began covering Biopsychosocial Treatment of Obesity with dates of service July 1, 2022, consistent with MO HealthNet (MHD) requirements.

### **MEMBER CRITERIA**

For HSH Members to be eligible for Biopsychosocial Treatment of Obesity services the following criteria must be met:

- Ages 0 through twenty (20) years for youth services or twenty-one (21) years of age or older for adult services;
- Not currently pregnant;
- Meet the definition of obese by meeting the following criteria:
  - For youth participants a body mass index (BMI) percentile equal to or greater than the ninety-fifth (95th) percentile for age and gender on the pediatric BMI chart.
  - For adult participants a BMI equal to or greater than thirty (30).
- Not concurrently receiving authorization for other MO HealthNet reimbursed weight reduction services.

### **PROVIDER QUALIFICATIONS**

In order to provide (MNT) for obesity a provider must be licensed to practice as a Registered Dietitian or Registered Dietitian Nutritionist in the state in which they practice and will need to obtain one of the following specialist certificates:

- Certificate of Training in Adult Weight Management Program;
- Certificate of Training in Obesity Interventions for Adults;
- Certificate of Training in Child and Adolescent Weight Management; or
- Completion of a state qualified training program attained through completion of a qualified training program.

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In order to provide individual and/or group intensive behavioral therapy (IBT) and/or family based behavioral treatment (FBT) providers are required to be licensed to practice as a psychiatrist, clinical social worker, psychologist, professional counselor, marital and family therapist, or psychiatric advanced practice registered nurse. Registered dietitians are also eligible to provide group IBT and/or FBT.

### **PRIOR AUTHORIZATION**

HSH does not currently require prior authorization when services, including visit limits are provided as outlined in the bulletin.

### **BENEFITS**

HSH coverage is limited to:

#### **Months 1-6:**

##### MNT Assessments by Registered Dietitian for Youth and Adults

- Initial Assessment - 3 units (15 minutes = 1 unit) 45 minutes
- Re-assessment - 4 units (15 minutes = 1 unit) 1 hour

##### Behavioral Counseling for Youth

- Individual/Family - 16 units (15 minutes = 1 unit) 4 hours
- Group Sessions - 44 units (30 minutes = 1 unit) 22 hours

##### Behavioral Counseling for Adults

- Individual/Family - 12 units (15 minutes = 1 unit) 3 hours
- Group Sessions - 18 units (30 minutes = 1 unit) 9 hours

#### **Months 7 – 12:**

##### Medical Nutrition Therapy Assessments by Registered Dietitian for Youth and Adults

- Re-assessment - 2 units (15 minutes = 1 unit) 30 minutes

##### Behavioral Counseling for Youth and Adults

- Individual/Family - 4 units (15 minutes = 1 unit) 1 hour
- Group Sessions - 4 units (30 minutes = 1 unit) 2 hours

Additional visits are subject to medical necessity review.

### **CLAIMS SUBMISSION**

Claims for Biopsychosocial Treatment of Obesity may only be submitted by a provider certified to provide the covered services as outlined in this bulletin.

Providers must submit claims using professional claim forms (CMS-1500 or 834P).

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HSH limits payment of these services to claims submitted with specific covered diagnosis in the primary (first) diagnosis position as appropriate to the member's condition. Acceptable primary position diagnosis codes are E6601 or E662. Additional diagnosis coding indicating BMI or percentage of body weight should be provided in secondary diagnosis code positions. See Coding Information section of this document for covered diagnosis codes

### REIMBURSEMENT

Home State Health issues payment in accordance with the MHD fee schedule rate and each provider's specific contract percentage for claims with the diagnosis and procedure codes outlined in this bulletin.

Claims payments are subject to retrospective review. If it is determined that providers are not certified, benefits have been exceeded or other criteria was not met on the date of service, payment will be recouped.

### CODING INFORMATION

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Code Type	Code	Position	Descriptor
Diagnosis	E6601	Primary	Morbid (severe) obesity due to excess calories
Diagnosis	E662	Primary	Morbid (severe) obesity with alveolar hypoventilation
Diagnosis	Z6830	Secondary	Body mass index (BMI) 30.0-30.9, adult
Diagnosis	Z6831	Secondary	Body mass index (BMI) 31.0-31.9, adult
Diagnosis	Z6832	Secondary	Body mass index (BMI) 32.0-32.9, adult
Diagnosis	Z6833	Secondary	Body mass index (BMI) 33.0-33.9, adult
Diagnosis	Z6834	Secondary	Body mass index (BMI) 34.0-34.9, adult
Diagnosis	Z6835	Secondary	Body mass index (BMI) 35.0-35.9, adult
Diagnosis	Z6836	Secondary	Body mass index (BMI) 36.0-36.9, adult
Diagnosis	Z6837	Secondary	Body mass index (BMI) 37.0-37.9, adult
Diagnosis	Z6838	Secondary	Body mass index (BMI) 38.0-38.9, adult
Diagnosis	Z6839	Secondary	Body mass index (BMI) 39.0-39.9, adult
Diagnosis	Z6841	Secondary	Body mass index (BMI) 40.0-44.9, adult
Diagnosis	Z6842	Secondary	Body mass index (BMI) 45.0-49.9, adult
Diagnosis	Z6843	Secondary	Body mass index (BMI) 50.0-59.9, adult
Diagnosis	Z6844	Secondary	Body mass index (BMI) 60.0-69.9, adult

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Code Type	Code	Position	Descriptor
Diagnosis	Z6845	Secondary	Body mass index (BMI) 70 or greater, adult
Diagnosis	Z6854	Secondary	Body mass index pediatric, > or equal to 95% for age

Code Type	Code	Modifier	Descriptor
CPT-4	97802		Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
CPT-4	97803		Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
HCPCS	G0447		Face-to-face behavioral counseling for obesity, 15 minutes
HCPCS	G0447	AH	Face-to-face behavioral counseling for obesity, 15 minutes
HCPCS	G0447	SA	Face-to-face behavioral counseling for obesity, 15 minutes
HCPCS	G0447	AJ	Face-to-face behavioral counseling for obesity, 15 minutes
HCPCS	G0447	UD	Face-to-face behavioral counseling for obesity, 15 minutes
HCPCS	G0447	HE	Face-to-face behavioral counseling for obesity, 15 minutes
HCPCS	G0447	AE	Face-to-face behavioral counseling for obesity, 15 minutes
HCPCS	G0473		Face-to-face behavioral counseling for obesity, group (2–10), 30 minutes
HCPCS	G0473	AH	Face-to-face behavioral counseling for obesity, group (2–10), 30 minutes
HCPCS	G0473	SA	Face-to-face behavioral counseling for obesity, group (2–10), 30 minutes
HCPCS	G0473	AJ	Face-to-face behavioral counseling for obesity, group (2–10), 30 minutes
HCPCS	G0473	UD	Face-to-face behavioral counseling for obesity, group (2–10), 30 minutes
HCPCS	G0473	HE	Face-to-face behavioral counseling for obesity, group (2–10), 30 minutes
HCPCS	G0473	AE	Face-to-face behavioral counseling for obesity, group (2–10), 30 minutes

**Definitions:** N/A

**References**

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1. *MHD Provider Bulletin*: Volume 44 Number 12 issued September 8, 2021 – Biopsychosocial Treatment of Obesity
2. *Managed Care Policy Bulletins* available at: <https://dss.mo.gov/business-processes/managed-care/vendor-docs-2022/10-%20mo-healthnet-managed-care-policy-statements-07-22.pdf>

## Payment Policy: Biopsychosocial Treatment of Obesity

Revision History	
9/1/2022	Initial Policy Draft

### **Important Reminder**

For the purposes of this payment policy, “Health Plan” means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan’s affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of patients. This payment policy is not intended to recommend treatment for patients. Patients should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

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