

REIMBURSEMENT POLICY

Weight Management Care, Nutritional Counseling and Medical Nutrition Therapy

Active

Policy Number: General Coding – 034
Policy Title: Weight Management Care, Nutritional Counseling and Medical Nutrition Therapy
Section: General Coding
Effective Date: 04/06/2016

Description

Blue Cross covers services for the treatment of obesity, weight management, eating disorders, nutrition and physical activity counseling. However, coverage and payment for these services depends on the type of provider submitting the claim, the procedure/service and diagnosis codes submitted, and the patient's contract with Blue Cross.

Definitions

Code Description	CODES	Coding for Obesity Screening and Counseling	Coding for Healthy Diet Counseling	Coding for Obesity/Weight Management Counseling	Coding for Nutritional Therapy in a Group Setting	Outpatient Hospital Eating Disorder Services (revenue code 0942 (education/training))
Office or Outpatient evaluation & Management (E/M)	99201-99215			X		
Medical Nutrition Therapy	97802-97804	X	X	X	X	X
Group Education Services	99078	X	X			
Preventative Medicine Counseling (Individual)	99401-99404	X	X	X		

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Preventative Medicine Counseling (Group)	99411-99412	X	X			
Obesity Counseling	G0447	X	X			
Nutrition Class	S9452		X			
Nutritional Counseling - Dietician	S9470	X	X	X		

Policy Statement

Obesity screening and counseling

Screening and counseling for obesity and counseling for a healthy diet are covered under the Patient Protection and Affordable Care Act (PPACA) otherwise known as health care reform (HCR).

The suggested coding for obesity screening and counseling includes 97802-97804, 99078, 99401-99404, 99411-99412, G0447 or S9470 as preventive with E66.9 or E66.01 (ICD-10-CM).

The suggested coding for counseling for a healthy diet includes 99401-99404, 99411-99412, 99078, 97802-97804, G0447, S9452, S9470 as preventive with Z71.3 (ICD-10-CM).

Refer to the information below for screening and other services not subject to PPACA. The outline reviews the following seven categories as they relate to coverage for services related to obesity, weight management, nutrition and physical activity counseling.

1. Diagnosis Codes
2. Procedure/Service Codes
3. Eligible Providers
4. Weight Loss Programs
5. Weight Loss Drugs
6. Physical Activity
7. Surgery

Diagnosis Codes

The physician determines if the patient meets the criteria to be classified as obese. If the patient meets those criteria, two specific obesity diagnosis codes may be used:

1. E66.9 (ICD-10-CM)
2. E66.01 (ICD-10-CM)

In addition to the two specific obesity codes, the provider may also bill for obesity or weight management counseling with routine diagnosis codes such as:

1. Z71.3 (ICD-10-CM)
2. Z00.00 (ICD-10-CM)

The obesity diagnosis codes of E66.9, E66.01 and code Z71.3 will cause claims to pay according to the illness portion of the patient's contract. All Blue Cross contracts have benefits for illness-related services. If the claim is submitted with a routine medical exam code of Z00.00, it will pay based on the routine benefits, if any, are provided by the patient's contract. Some contracts exclude routine benefits.

Claims may be submitted for obesity, weight management, nutrition counseling etc. with the diagnosis of the underlying symptom that brought the patient to the provider. For example, the claim may be submitted with a diagnosis of elevated blood cholesterol, shortness of breath or diabetes. These claims will process according to the medical illness benefit.

Procedure/Service Codes

Services for obesity/weight management counseling may be billed under E/M codes (99201-99215) provided that those services meet the components of an E/M service. These E/M codes are compatible with all causes, illness or routine related, and will pay according to the diagnosis submitted.

Claims may also be submitted as preventive counseling (99401- 99404). These codes, however, are only compatible with routine diagnosis codes. Claims submitted with these procedure/service codes and a routine diagnosis code will process according to the patient's preventive benefit, provided the patient has coverage for preventive services. If CPT codes 99401-99404 were submitted with a diagnosis of obesity the claim would reject because the service was incompatible with the diagnosis.

Medical nutritional therapy codes (97802, 97803, S9470) may be billed when counseling patients on obesity or weight management. These codes are compatible with any diagnosis but are most appropriate or intended for illness or disease-related diagnoses such as obesity or diabetes.

Code 97804 is nutritional therapy in a group setting. Group therapy services are generally only covered when submitted with diagnosis codes for anorexia, bulimia, diabetes, congestive heart failure and some maternity diagnosis codes.

Outpatient hospital eating disorder services are billed under revenue code 0942 and procedure codes 97802, 97803 and 97804.

Nutritionists, Dietitians, Dietitian/Nutritionist and other Providers

For many lines of business, Blue Cross pays Minnesota licensed nutritionists, licensed dietitians and registered dietitians *directly* for services submitted with an eating disorder ICD-10-CM diagnoses F50.00 F50.2 and F50.29. The provider may submit using procedure/service codes S9470, 97802, 97803 or 97804 based on the service provided. No referral is necessary for the highest benefit level.

Some self-insured plans, however, may exclude coverage by a dietitian, so benefits should be verified.

Licensed dietitians and licensed nutritionists can bill for procedure/service codes S9470, 97802, 97803, and G0447 for diagnosis codes other than eating disorders. Services provided by licensed dietitians and nutritionists must be submitted to Blue Cross using the provider number or NPI of an eligible medical clinic or hospital. The individual provider number or NPI of the licensed dietitian or licensed nutritionist must also be submitted on the claim. Registered dietitians or Dietitian/Nutritionists billing for services outside of behavioral health diagnosis codes will have those claims denied unless the services are submitted under the individual provider number of a supervising physician. The –U7 modifier (Physician extender) should also be submitted.

Health educators and exercise physiologists are not recognized as eligible providers and their services will be rejected if received by Blue Cross.

Physical Activity

There are no procedure/service codes specifically for physical activity counseling. Providers typically bill counseling services for physical activity as an E/M service (99201-99215) provided that the counseling meets the components of an E/M service. There is no specific diagnosis code for physical activity counseling.

Exercise classes (S9451) are generally non-covered.

The provider may also submit codes for preventive counseling (99401-99404). These codes however, are only compatible with routine diagnosis codes. Claims submitted with these procedure/service codes and a routine diagnosis code will process according to the patient's preventative benefit, provided the patient has coverage for preventative services.

Services billed by a personal trainer or an exercise physiologist are not covered. Claims for their services will be denied as an ineligible provider, regardless of the procedure/service code and diagnosis code submitted.

Surgery

Blue Cross has a detailed medical policy, IV-19, regarding provider and patient eligibility criteria for obesity surgery.

Some groups exclude coverage for obesity surgery in their contracts. Preauthorization is highly recommended.

Documentation Submission

Documentation must identify and describe the procedures performed, including total time spent. When billing group services the number of participants and involvement must also be documented.

Coverage

This information is designed for reference purposes only and does not guarantee coverage. Blue Cross will consider each individual member's condition and unique circumstances in making coverage determinations. Blue Cross will also make each determination on a case-by-case basis and according to the terms and conditions of the member's contract, certificate of coverage, or summary plan description, as applicable, including provisions relating to exclusions and limitations. If there is a conflict between the information above and the contract or plan documents, the contract or plan documents govern.

The FEP contract allows medical nutrition therapy services only for the following diagnosis codes:

- Diagnosis codes E11.XX (ICD-10- CM), O24.XXX (ICD-10-CM) for diabetes and gestational diabetes.
- Medical nutritional therapy for eating disorders ICD-10-CM diagnoses F50.00 and F50.2, F50.9.
- Dietitian assessments as part of a multi-disciplinary eating disorder evaluation.

The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier: -U7

ICD Diagnosis: E66.9, E66.01, F50.00, F50.2, F50.9, Z00.00, Z71.3

ICD Procedure: N/A

HCPCS: 97802-97804, 99078, 99401-99404, 99411-99412, G0447, S9452, S9470, 99201-99215

Revenue Codes: 0942

Deleted Codes: N/A

Policy History

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Cross Reference: N/A

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