

Clarification for Children's Nutritional Counseling Program

We would like to provide some clarity about the Children's Nutritional counseling program that was presented at the Obesity QI workshop in 2017.

For patients who you have seen in your office and have a BMI in the 95th percentile, you may bring them back to your office to discuss nutrition and exercise with the expectation that the patient is moving on a path to weight loss. These visits are to bill under the appropriate E&M code along with the appropriate diagnosis code for their BMI. The CPT codes 97802 and 97803 that were outlined in the original power point are the codes that the dietician will bill when seeing patients in this program. Physicians should not be billing the aforementioned cpt codes.

The text below is copied from the Medicaid policy manual.

Section 2: Policies and Procedures

Children's Nutritional Counseling Program

Medicaid-eligible children under the age of 21 may receive unlimited evaluation and management (E&M) visits as long as the services are medically necessary.

This policy currently targets those obese individuals who do not meet the criteria for gastric bypass surgery or related services. Obesity is defined for this program as anyone under age 21 with body mass index (BMI) greater than or equal to 95th percentile for age.

Provider Services

A "provider" is defined as a physician, physician assistant, or nurse practitioner meeting the licensure and educational requirements in the state of South Carolina and/or the border states of Georgia and North Carolina. All services must be rendered within the South Carolina Medicaid Service Area (SCMSA). The SCMSA is defined as South Carolina and adjacent areas within 25 miles of its borders.

During the child's routine physical or office visit, the provider must assess his or her need for obesity counseling intervention. The provider determining a need for obesity intervention must communicate with the child and his or her parents or legal guardian the weight loss goal and plans that lead to an incremental decrease in weight loss. The weight loss goals, laboratory work, and exercise plan must be documented in the child's medical records.

The provider should schedule the child for an independent visit for an E&M service to treat him or her for obesity. The provider must bill the appropriate level E&M service and document provided services in the child's medical record.

The provider must emphasize the importance of exercise, develop a realistic exercise plan with goals, and document the visit in the child's medical record. Children must be accompanied by a parent or legal guardian, and all treatment plans must be reviewed with a parent or legal guardian present. The provider will arrange for an individual nutritional assessment to be provided by a licensed and Medicaid-enrolled dietitian, if medically necessary.

The provider must schedule follow-up exams with both child and parent or legal guardian to evaluate the progress of the obesity treatment developed by the dietitian. The follow-up exam must review compliance with the treatment plan and must include a discussion regarding the child's progress toward meeting their treatment goals.

Dietitian Services

A dietitian is defined as any individual meeting the licensure and educational requirements in the state of South Carolina and/or the border states of Georgia and North Carolina. All services must be rendered within the South Carolina Medicaid Service Area (SCMSA). The SCMSA is defined as South Carolina and adjacent areas within 25 miles of its borders.

The dietitian is responsible for reviewing the child's habits, providing dietary education for the child and his or her parent or legal guardian, reinforcing the importance of exercise, developing a nutritional plan, and establishing weight goals. The dietitian must document the child's progress, activities, and compliance with the nutritional and exercise plan. A written progress report must be submitted within 48 hours of the nutritional counseling visit to the ordering provider each time the child is seen individually or in a group/class setting. The dietitian must maintain complete medical records of the nutritional and exercise plan, and the child's compliance with the treatment plan.

The dietitian must bill the initial nutritional counseling visit utilizing HCPCS code 97802, which is a medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes. The dietitian may bill a maximum of two units for the initial visit.

All subsequent nutritional counseling visits must be billed utilizing HCPCS code 97803, which is a re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes. A subsequent nutritional counseling visit is a one-on-one session with the patient or a session between the dietitian and patient in a group setting. The dietitian may bill 30-minute sessions, if medically necessary, which means that the dietitian would bill a maximum of two units in a day and a maximum of 10 units within a year. When billing for nutritional counseling in a group setting, the dietitian must append the HB modifier (adult program, nongeriatric) to HCPCS code 97803. Group nutritional counseling sessions are limited to a maximum of five patients per group.

Billing Requirements

All providers and dietitians are required to bill with a primary diagnosis code. Secondary diagnosis codes must be in compliance with the ICD-CM and is based on the date of service. For dates of service on or before **September 30, 2015**, all V codes must be billed as secondary diagnosis codes. For dates of service on or after **October 1, 2015**, all Z codes must be billed as secondary diagnosis codes.

The following requirements must be met:

- For dates of service on or before **September 30, 2015**, providers and dietitians must bill utilizing the Children's Nutritional Counseling ICD-9 and CPT/HCPCS codes and modifier combinations found in Section 4 of this manual. For dates of service on or after **October 1, 2015**, providers and dietitians must bill utilizing the Children's Nutritional Counseling ICD-10 and CPT/HCPCS codes and modifier combinations found in Section 4 of this manual.
- Providers must not bill for initial or subsequent obesity exams on the same day as an E&M service.
- Providers may bill subsequent visits with one-on-one counseling or group counseling by appending the HB modifier to the E&M service.
- Nutritional counseling units billed are based on a 15-minute session and are limited to two units per day, with a maximum of 12 units in a year.

Providers and dietitians are responsible for clearly documenting the child’s chart with all information referenced in this policy. All services rendered by both providers and dietitians are subject to review by the Division of Program Integrity. Services not meeting the requirements reflected in this policy may be subject to recoupment by SCDHHS.

Additional Services

If the provider (or dietitian) has completed a series of six visits and the patient has been compliant with the obesity treatment plan and the provider (or dietitian) has determined that the patient would benefit from additional provider visits and nutritional counseling, the provider must submit documentation of medical necessity to:

SCDHHS ATTN: Medical Director
Post Office Box 8206
Columbia, SC 29202

In order to receive additional visits not to exceed six additional provider visits and six additional nutritional counseling sessions within a 12 month period, the following documentation must be submitted to SCDHHS by the physician, nurse practitioner, or physician assistant only:

- A letter of Medical Necessity
- Patient notes
- BMI start and end
- A1C
- Dietitian reports
- Exercise plan and notes on adherence

Section 4: Procedure Codes

CHILDREN’S NUTRITIONAL COUNSELING DIAGNOSIS AND HCPCS CODES

Children’s Nutritional Counseling ICD-10-CM Diagnosis Code

For dates of service on or after **October 1, 2015**, please use the following ICD-10-CM diagnosis codes for the Children’s Nutritional Counseling program.

ICD-10	CODE DESCRIPTION
Z71.3	DIETARY COUNSELING AND SURVEILLANCE

Children's Nutritional Counseling HCPCS Codes

Please use the following HCPCS codes for the Children's Nutritional Counseling program.

CPT/HCPCS CODES	MODIFIER	DESCRIPTION	FREQUENCY LIMITATIONS
99201-99215		INITIAL VISIT - PROVIDER MUST BILL THE APPROPRIATE LEVEL OF EVALUATION AND MANAGEMENT SERVICES.	
99201-99215		PROVIDER MUST BILL THE APPROPRIATE LEVEL OF EVALUATION AND MANAGEMENT SERVICES.	
97802 (DIETITIANS ONLY)		MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE TO FACE WITH THE PATIENT EACH 15 MINUTES	TOTAL OF 2 INITIAL UNITS FOR NUTRITIONAL COUNSELING
97803 (DIETITIANS ONLY)		RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL FACE TO FACE WITH THE PATIENT, EACH 15 MINUTES	TOTAL OF 2 UNITS PER DAY AND 10 UNITS PER YEAR
97803 (DIETITIANS ONLY)	HB	GROUP RE-ASSESSMENT AND INTERVENTION	TOTAL OF 2 UNITS PER DAY AND 10 UNITS PER YEAR
T1015 (FQHC ONLY)		CLINIC VISIT/ENCOUNTER ALL INCLUSIVE THIS CODE IS FOR BOTH THE PROVIDER AND DIETICIAN MEETING THE FQHC HRSA REQUIREMENT.	TOTAL OF 6 ENCOUNTERS PER YEAR