



Obesity Screening and Counseling Reimbursement Policy

Policy Number	0064	Annual Approval Date	04/2023	Approved By	Optum Reimbursement Committee Optum Quality and Improvement Committee
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. Optum reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. Coding methodology, clinical rationale, industry-standard reimbursement logic, regulatory issues, business issues and other input is considered in developing reimbursement policy.*

This information is intended to serve only as a general reference resource regarding Optum’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to Client enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.

Optum may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This policy applies to all products, all network and non-network health care providers. This includes non-network authorized, and percent of charge contract providers.

Fee schedule/provider contract/client contract may supersede

Policy

Overview

This policy describes Optum’s requirements for the reimbursement and documentation of “Obesity Screening and Counseling” – CPT codes 99401 and 99402, and HCPCS procedural codes G0446, G0447 and G0473.

The purpose of this policy is to ensure that Optum reimburses for services that are billed and documented, without reimbursing for billing submission or data entry errors or for non-documented services.

Reimbursement Guidelines

For eligible adult health plan members with obesity, defined as Body Mass Index (BMI) equal to or greater than 30 kg/m², Optum will align reimbursement with Medicare including:

- One face-to-face visit every week for the first month;
- One face-to-face visit every other week for months 2-6; and
- One face-to-face visit every month for months 7-12 [if the member meets the 3kg (6.6 lbs.) weight loss requirement during the first 6 months.]

For adult members who do not achieve a weight loss of at least 3 kg (6.6 pounds) during the first 6 months of intensive therapy, a reassessment of their readiness to change and BMI is appropriate after an additional 6-month period.



These visits must be provided by a qualified health care provider.

For eligible children and adolescent (6-18 years) health plan members with overweight, defined as having an age/gender-specific BMI at or above the 85th percentile, Optum will align reimbursement with the recommendations of the U.S. Preventive Services Task Force.

CPT codes for obesity screening and counseling are:

- 99401 – preventive medicine counseling and/or risk factor intervention/s provided to an individual (separate procedure); approximately 15 minutes
- 99402 – preventive medicine counseling and/or risk factor intervention/s provided to an individual (separate procedure); approximately 30 minutes

HCPCS codes related to obesity screening and counseling are:

- G0446 – annual, face-to-face intensive behavioral counseling (IBT) for cardio-vascular disease (CVD), individual, 15 minutes
- G0447 – face-to-face behavioral counseling for obesity, 15 minutes
- G0473 – face-to-face behavioral counseling for obesity, group (2–10), 30 minutes.

Documentation Guidelines

The documentation in the health care record of obesity screening and counseling must show sufficient patient history to adequately demonstrate that the following coverage conditions were met:

- The individual has a Body Mass Index (BMI) equal to or greater than 30 kg/m² (for adults), or has an age/gender-specific BMI at or above the 85th percentile (for children and adolescents; ages 6-18 years)
- Services were furnished by a qualified health care provider

In addition to documenting that the coverage conditions were met, the health care record must include verification of the counseling intervention. Documentation must demonstrate the patient was:

1. *Assessed:* Asked about/assessed behavioral health risk(s) and factors affecting choice of behavior change goals/methods.
2. *Advised:* Given clear, specific, and personalized behavior change advice, including information about personal health harms and benefits.
3. *Agreed:* Collaboratively selected appropriate treatment goals and methods based on the patient's interest in and willingness to change the behavior.
4. *Assisted:* Using behavior change techniques (self-help and/or counseling), aided the patient in achieving agreed-upon goals by acquiring the skills, confidence, and social/environmental supports for behavior change, supplemented with adjunctive medical treatments when appropriate.
5. *Arranged:* Scheduled follow-up contacts (in person or by telephone) to provide ongoing assistance/support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment.

Obesity screening and counseling are time-based codes. The documentation of these services must include the amount of time spent with the patient.

At the 6-month visit, a reassessment of obesity and a determination of the amount of weight loss must be documented in the health care record.

Background Information

Obesity screening and counseling is one of a number of distinct preventive services mandated by national and state regulations [US Dept. of Labor]. The USPSTF recommends screening all adults for obesity [Moyer]. The screening of children ≥ 6 years old is also recommended in a separate report [USPSTF]. The USPSTF did not find sufficient evidence for screening children younger than age 6 years. Many different types of providers – not limited to but including chiropractors, physical and occupational therapists – can offer screening and counseling for obesity [Frerichs, Ndetan]. Screening for obesity is typically performed by calculating body mass index (BMI). Counseling and behavioral interventions generally consist of problem-solving (assisting by

providing specific suggested actions and motivational counseling) and facilitating access to social support services (arranging for services and follow-up) [ChiroCode, MLN].

Medicare covers screening for adult beneficiaries with obesity, defined as Body Mass Index (BMI) equal to or greater than 30 kg/m², who are competent and alert at the time that counseling is provided and whose counseling is furnished by a qualified primary care physician or other primary care practitioner in a primary care setting. Those who meet these criteria are eligible for:

- One face-to-face visit every week for the first month;
- One face-to-face visit every other week for months 2-6; and
- One face-to-face visit every month for months 7-12, if the beneficiary meets the 3kg (6.6 lbs.) weight loss requirement during the first 6 months [MLN].

For beneficiaries who do not achieve a weight loss of at least 3 kg (6.6 pounds) during the first 6 months of intensive therapy, a reassessment of their readiness to change and BMI is appropriate after an additional 6-month period.

Medicare does not allow the billing of other services provided on the same day as an obesity counseling visit, but private plans have a wide array of policies on such care. They vary with regard to how the visit should be coded, how many visits are allowed in a year, and in reimbursement design [Elliott].

For children and adolescents ages 6-18 years, the USPSTF uses the following terms to define categories of increased BMI:

- Overweight = an age/gender-specific BMI between the 85th and 95th percentiles
- Obesity = an age/gender-specific BMI at or above the 95th percentile.

The USPSTF did not find any evidence describing the appropriate timing of screening intervals.

Coding Information

The CMS recognizes two HCPCS codes for billing for behavioral counseling for obesity [MLN, 2015]:

- G0447 – face-to-face behavioral counseling for obesity, 15 minutes
- G0473 – face-to-face behavioral counseling for obesity, group (2–10), 30 minutes.

The CPT codes most likely to be recognized by commercial payers are:

- 99401 – preventive medicine counseling and/or risk factor intervention/s provided to an individual (separate procedure); approximately 15 minutes
- 99402 – preventive medicine counseling and/or risk factor intervention/s provided to an individual (separate procedure); approximately 30 minutes.

Note: Other preventive health issues may come up during the period for which these codes are reported [Elliott].

Additional CPT and HCPCS codes for individual obesity screening and counseling that may be recognized by certain commercial payers include 97802–97804 (medical nutrition therapy), G0446 (annual, face-to-face IBT for CVD, individual, 15 minutes), G0447 (face-to-face behavioral counseling for obesity, 15 minutes), G0473 (face-to-face behavioral counseling for obesity, group [2-10], 30 minutes) or S9470 (nutritional counseling, dietitian visit). The application of these service codes may be subject to restrictions based upon frequency (e.g., G0446 = once/year), provider type (e.g., dietitian), diagnosis (e.g., 307.1; anorexia nervosa), etc. [BCBS-MN, UHC]. Table 1 summarizes the diagnosis codes commonly associated with procedural codes for reporting screening for obesity in adults, children and adolescents. The reporting of a related diagnosis code may be required by certain commercial payers (e.g., UHC) for billing procedural codes other than G0446, G0447 and G0473.

Documentation Information

The documentation in the health care record of obesity screening and counseling must show sufficient patient history to adequately demonstrate that coverage conditions were met [MLN, 2013]. Coverage Conditions:

- For adults, the patient has a BMI \geq 30 kilograms per meter squared (calculation of BMI from CDC: http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html)
- For children and adolescents, the patient has an age/gender-specific BMI equal to or greater than the 95th percentile
- Beneficiaries must be competent and alert at the time that counseling services are provided; or may be accompanied by a parent or caregiver in the case of children
- Services were furnished by a qualified health care provider

At the 6-month visit, a reassessment of obesity and a determination of the amount of weight loss must be performed. To be eligible for additional face-to-face visits occurring once a month for an additional 6 months, adult beneficiaries must have achieved a reduction in weight of at least 3 kg (6.6 pounds) over the course of the first 6 months of intensive therapy. ***This determination must be documented in the health care record.***

In addition to documenting that the coverage conditions were met, the health care record must include verification of the counseling intervention. Medicare recommends documenting the 5-A approach highlighted by the USPSTF [Moyer]:

1. **Assess:** Ask about/assess behavioral health risk(s) and factors affecting choice of behavior change goals/methods.
2. **Advise:** Give clear, specific, and personalized behavior change advice, including information about personal health harms and benefits.
3. **Agree:** Collaboratively select appropriate treatment goals and methods based on the patient’s interest in and willingness to change the behavior.
4. **Assist:** Using behavior change techniques (self-help and/or counseling), aid the patient in achieving agreed-upon goals by acquiring the skills, confidence, and social/environmental supports for behavior change, supplemented with adjunctive medical treatments when appropriate.
5. **Arrange:** Schedule follow-up contacts (in person or by telephone) to provide ongoing assistance/support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment.

Obesity screening and counseling are time-based codes (including E/M codes, when counseling constitutes >50% of the face-to-face encounter). The documentation of these services must include the amount of time spent with the patient.

Table 1:

Summary of Procedural and Diagnostic Coding for Services Described as Screening for Obesity

Service	Procedure Codes	Diagnosis Codes
Screening for obesity in adults, children and adolescents	<i>Medical Nutrition Therapy:</i> • 97802 – 97804 (Diagnosis Code Required)	<i>Body Mass Index 30 – 39.9: (Adults only)</i> • ICD-10: Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39
	<i>Preventive Medicine Individual Counseling:</i> • 99401 – 99404 (Diagnosis Code Required)	<i>Body Mass Index 40.0 and over: (Adults only)</i> • ICD-10: Z68.41, Z68.42, Z68.43, Z68.44, Z68.45
	<i>Behavioral Counseling or Therapy:</i> • G0446, G0447, G0473 (Diagnosis Code Not Required)	<i>Obesity:</i> • ICD-10: E66.01, E66.09, E66.1, E66.8, E66.9

Resources

- American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
- Centers for Medicare and Medicaid Services
- Elliott VS. How to bill for screening and treating obesity in adults. *American Medical News* 2012 (Sept 3rd); <http://www.amednews.com/article/20120903/business/309039972/5/>
- Frerich W, Kaltenbacher E, van de Leur JP, Dean E. Can physical therapists counsel patients with lifestyle-related health conditions effectively? A systematic review and implications. *Physiotherapy Theory and Practice* 2012;28:571–87
- Jacques L, Jensen TS, Schafer J, et al. Decision memo for intensive behavioral therapy for obesity. *Centers for Medicare & Medicaid Services*, Nov. 29, 2011; Administrative File: CAG-00423N <http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?&NcaName=Intensive%20Behavioral%20Therapy%20for%20Obesity&bc=ACAAAAAAIAAA&NCAId=253&>.
- MLN (Medicare Learning Network). Quick Reference Information: Preventive Services *Dept. of Health and Human Services Centers for Medicare & Medicaid*, ICN 006559 October 2013; https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS_QuickReferenceChart_1.pdf
- MLN (Medicare Learning Network). Preventive Services: Intensive Behavioral Therapy for Obesity. *Dept. of Health and Human Services Centers for Medicare & Medicaid*, ICN 006559 October 2015; https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/downloads/MPS_QuickReferenceChart_1.pdf
- Moyer VA (on behalf of the U.S. Preventive Services Task Force). Screening for and management of obesity in adults: U.S. Preventive Services Task Force recommendation statement. *Annals of Internal Medicine* 2012;157:373-378
- Ndetan H, Evans MW Jr., Felini M, et al. Chiropractic and medical use of health promotion in the management of arthritis: analysis of the 2006 National Health Interview Survey. *Journal of Manipulative and Physiological Therapeutics* 2010;33:419–24
- U.S. Department of Labor. The Patient Protection and Affordable Care Act. <http://www.dol.gov/ebsa/healthreform/>
- USPSTF (US Preventive Services Task Force). Screening for obesity in children and adolescents: US Preventive Services Task Force recommendation statement. *Pediatrics* 2010;125:361-367

History / Updates

10/17/2013	New policy
04/2014	Annual review and update
04/2015	Annual review and upate
04/2016	Annual review and update. Policy revised to include children and adolescents. Updated the list of CMS approved HCPCS codes for intensive behavioral therapy
04/2017	Annual review and update Delete ICD -9 entries
04/2018	Annual review and update
04/2019	Annual review and update
04/2020	Annual review and update
04/2021	Annual review and update
05/2022	Annual review and update
04/2023	Annual review and update