	<b>VIVANIA</b> OF HUMAN SERVICES	MEDICAL ASSISTANCE BULLETIN						
ISSUE DATE	EFFECTIVE DATE	NUMBER						
May 26, 2020	May 26, 2020	01-20-06, 08-20-08, 09-20-03, 23-20-01, 31-20-03						
•	ood Nutrition and Weight ment Services	BY Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs						

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <u>https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx</u>.

# PURPOSE:

The purpose of this bulletin is to notify providers enrolled in the Medical Assistance (MA) Program of changes to Childhood Nutrition and Weight Management Services (CNWMS) for MA beneficiaries under 21 years of age as a result of the 2020 Healthcare Common Procedure Coding System updates.

## SCOPE:

This MA bulletin applies to all physicians, Certified Registered Nurse Practitioners (CRNPs), nutritionists, outpatient hospitals, independent medical surgical clinics, Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) enrolled in the MA Program. Providers who render services in the managed care delivery system should address any payment-related questions regarding CNWMS to the appropriate MA managed care organization.

### **BACKGROUND:**

CNWMS consist of the following services: initial assessment, re-assessment, individual weight management counseling, family weight management counseling, group weight management counseling and nutritional counseling. The Department encourages providers to ensure that the child has had a recent Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening or physical exam, as appropriate, to help support the medical necessity for

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at:

https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx. the initial assessment, re-assessment and any additional CNWMS the child receives. Primary care providers or other providers who conduct the initial assessment or re-assessment and order CNWMS for the child are encouraged to coordinate with the provider rendering those services.

### **DISCUSSION:**

The Department issued MA Bulletin 99-20-02, "2020 Healthcare Common Procedure Coding System Updates", to announce changes to the MA Program Fee Schedule, effective May 26, 2020. The tables below outline the CNWMS codes that were end-dated or added to the MA Program Fee Schedule, effective May 26, 2020.

End-dated Procedure Codes								
96150	96151	96152	96153	96154				

Added Procedure Codes									
96156	96158	96159	96164	96165					
96167	96168								

### PROCEDURE:

The Department will make payment to physicians, CRNPs, nutritionists, outpatient hospitals, independent medical surgical clinics, FQHCs and RHCs enrolled in the MA Program for specific CNWMS when the services are medically necessary and rendered to MA beneficiaries under 21 years of age who are experiencing weight management problems. Providers must document the medical necessity for any CNWMS in the child's medical record, in accordance with 55 Pa. Code § 1101.51 (relating to ongoing responsibilities of providers).

Providers should refer to the updated chart attached to this bulletin for services rendered on and after May 26, 2020.

#### SUPERCEDE:

MA Bulletin 01-18-09 08-18-10 09-18-10 16-18-01 23-18-01 31-18-10, titled, "Childhood Nutrition and Weight Management Services", issued July 3, 2018, is superseded with the issuance of this bulletin.

### ATTACHMENT:

Medical Assistance Program Fee Schedule – Childhood Nutrition and Weight Management Services

			Nutrition a MA Progran	-	-	ent Services es	5			
			-	ive May 2	-					
Procedure		Provider		Place of	Pricing	Info				Prior
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	MA units	Limits	Auth
	Health behavior assessment, or re-assessment									
	(ie, health-focused clinical interview,									
	behavioral observations, clinical decision									
96156	making)	01	183	22	U5	TJ	\$61.14	per assessment	once per day	No
	Health behavior assessment, or re-assessment									
	(ie, health-focused clinical interview,									
	behavioral observations, clinical decision							per		
96156	making)	01	183	22		TJ	\$39.88	<b>re</b> assessment	once per day	No
	Health behavior assessment, or re-assessment									
	(ie, health-focused clinical interview,									
	behavioral observations, clinical decision									
96156	making)	08	082	49	U5	TJ	\$61.14	per assessment	once per day	No
	Health behavior assessment, or re-assessment									
	(ie, health-focused clinical interview,									
	behavioral observations, clinical decision							per		
96156	making)	08	082	49		TJ	\$39.88	<b>re</b> assessment	once per day	No
	Health behavior assessment, or re-assessment									
	(ie, health-focused clinical interview,									
	behavioral observations, clinical decision			11, 12,						
96156	making)	09	All	99	U5	TJ	\$61.14	per assessment	once per day	No
	Health behavior assessment, or re-assessment									
	(ie, health-focused clinical interview,									
	behavioral observations, clinical decision			11, 12,				per		
96156	making)	09	All	99		TJ	\$39.88	<b>re</b> assessment	once per day	No
	Health behavior assessment, or re-assessment									
	(ie, health-focused clinical interview,									
	behavioral observations, clinical decision			11, 12,						
96156	making)	31	All	99	U5	TJ	\$61.14	per assessment	once per day	No
	Health behavior assessment, or re-assessment									
	(ie, health-focused clinical interview,									
	behavioral observations, clinical decision			11, 12,				per		
96156	making)	31	All	99		TJ	\$39.88	<b>re</b> assessment	once per day	No

Procedure		Provider		Place of	Pricing	Info				Prior
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	MA units	Limits	Auth
	Health behavior intervention, individual, face-							initial 30		
96158	to-face; initial 30 minutes	01	183	22	U3	TJ	\$39.20	minutes	once per day	No
	Health behavior intervention, individual, face-						400.00	initial 30		
96158	to-face; initial 30 minutes	08	082	49	U3	TJ	\$39.20	minutes	once per day	No
	Health behavior intervention, individual, face-			11, 12,				initial 30		
	to-face; initial 30 minutes	09	All	99	U3	TJ	\$39.20	minutes	once per day	No
50158		09	All	55	03	IJ	Ş39.20	minutes	once per day	NO
	Health behavior intervention, individual, face-			11, 12,				initial 30		
	to-face; initial 30 minutes	31	All	99	U3	TJ	\$39.20	minutes	once per day	No
	Health behavior intervention, individual, face-	-				-			· · · /	
	to-face; each additional 15 minutes (List									
	separately in addition to code for primary									
96159	service)	01	183	22	U3	TJ	\$19.60	per 15 minutes	four per day	No
	Health behavior intervention, individual, face-									
	to-face; each additional 15 minutes (List									
	separately in addition to code for primary									
96159	service)	08	082	49	U3	TJ	\$19.60	per 15 minutes	four per day	No
	Health behavior intervention, individual, face-									
	to-face; each additional 15 minutes (List									
	separately in addition to code for primary			11, 12,			4		<b>c</b>	
96159	service)	09	All	99	U3	TJ	\$19.60	per 15 minutes	four per day	No
	Health behavior intervention, individual, face-									
	to-face; each additional 15 minutes (List			11 12						
96159	separately in addition to code for primary service)	21	A 11	11, 12, 99			¢10.00	per 15 minutes	four per day	No
50105		31	All	22	U3	TJ	\$19.60	her to uningres	ioui per uay	No
	Health behavior intervention, group (2 or							initial 30		
	more patients), face-to-face; initial 30 minutes	01	183	22		ΤJ	\$8.94	minutes	once per day	No

Procedure		Provider		Place of	Pricing	Info				Prior
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	MA units	Limits	Auth
	Health behavior intervention, group (2 or							initial 30		
96164	more patients), face-to-face; initial 30 minutes	08	082	49		TJ	\$8.94	minutes	once per day	No
	Health behavior intervention, group (2 or			11, 12,				initial 30		
96164	more patients), face-to-face; initial 30 minutes	09	All	99		TJ	\$8.94	minutes	once per day	No
	Health behavior intervention, group (2 or			11, 12,				initial 30		
96164	more patients), face-to-face; initial 30 minutes	31	All	99		TJ	\$8.94	minutes	once per day	No
	Health behavior intervention, group (2 or									
	more patients), face-to-face; each additional									
	15 minutes (List separately in addition to									
96165	code for primary service)	01	183	22		TJ	\$3.95	per 15 minutes	six per day	No
	Health behavior intervention, group (2 or									
	more patients), face-to-face; each additional									
	15 minutes (List separately in addition to									
96165	code for primary service)	08	082	49		TJ	\$3.95	per 15 minutes	six per day	No
	Health behavior intervention, group (2 or									
	more patients), face-to-face; each additional									
	15 minutes (List separately in addition to			11, 12,						
96165	code for primary service)	09	All	99		TJ	\$3.95	per 15 minutes	six per day	No
	Health behavior intervention, group (2 or									
	more patients), face-to-face; each additional									
	15 minutes (List separately in addition to			11, 12,						
96165	code for primary service)	31	All	99		TJ	\$3.95	per 15 minutes	six per day	No
	Health behavior intervention, family (with the									
	patient present), face-to-face; initial 30							initial 30		
96167	minutes	01	183	22		TJ	\$37.18	minutes	once per day	No
	Health behavior intervention, family (with the									
	patient present), face-to-face; initial 30							initial 30		
96167	minutes	08	082	49		TJ	\$37.18	minutes	once per day	No

Procedure		Provider		Place of	Pricing	Info				Prior
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	MA units	Limits	Auth
	Health behavior intervention, family (with the									
	patient present), face-to-face; initial 30			11, 12,			40- 40	initial 30		
96167	minutes	09	All	99		TJ	\$37.18	minutes	once per day	No
	useluk kaka tantan antar farati ( tuk uka									
	Health behavior intervention, family (with the			11 12				initial 20		
	patient present), face-to-face; initial 30	24		11, 12,			627.40	initial 30		
	minutes	31	All	99		TJ	\$37.18	minutes	once per day	No
	Health behavior intervention, family (with the									
	patient present), face-to-face; each additional									
	15 minutes (List separately in addition to		400	22			440 F0			
	code for primary service)	01	183	22		TJ	\$18.59	per 15 minutes	six per day	No
	Health behavior intervention, family (with the									
	patient present), face-to-face; each additional									
	15 minutes (List separately in addition to		000	40			440 F0			
	code for primary service)	08	082	49		TJ	\$18.59	per 15 minutes	six per day	No
	Health behavior intervention, family (with the									
	patient present), face-to-face; each additional									
	15 minutes (List separately in addition to			11, 12,			440 F0			
	code for primary service)	09	All	99		TJ	\$18.59	per 15 minutes	six per day	No
	Health behavior intervention, family (with the									
	patient present), face-to-face; each additional			44.40						
	15 minutes (List separately in addition to	24		11, 12,			440 F0			
96168	code for primary service)	31	All	99		TJ	\$18.59	per 15 minutes	six per day	No
S9470	Nutritional counseling, dietitian visit	01	183	22	U3	LΤ	Encounter Rate	per visit	1 visit per day	No
35470	Nutritional courseinig, dietitian visit	01	105	11, 12,	03	IJ	Encounter	pervisit	I VISIC PET day	NO
S9470	Nutritional counseling, dietitian visit	23	230	99	U3	TJ	Rate	per visit	1 visit per day	No
	*** Clinic visit defined as= Health behavior									
	assessment (ie, health-focused clinical									
	interview, behavioral observations, clinical						Encounter		minimum of 30	
	decision making)	08	080	50		TJ	Rate	per visit	minutes	No
	*** Clinic visit defined as= Health behavior									
	assessment (ie, health-focused clinical									
	interview, behavioral observations, clinical						Encounter		minimum of 30	
	decision making)	08	081	72		LΤ	Rate	per visit	minutes	No

Procedure		Provider		Place of	Pricing	Info				Prior
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	MA units	Limits	Auth
	*** Clinic visit defined as= Health behavior re									
	assessment (ie, health-focused clinical									
	interview, behavioral observations, clinical						Encounter		minimum of 15	
T1015	decision making)	08	080	50		TS	Rate	per visit	minutes	No
	*** Clinic visit defined as= Health behavior re-									
	assessment (ie, health-focused clinical									
	interview, behavioral observations, clinical						Encounter		minimum of 15	
T1015	decision making)	08	081	72		TS	Rate	per visit	minutes	No
	***Clinic visit defined as= Health behavior						Encounter		minimum of 30	
T1015	intervention, individual, face-to-face	08	080	50		TJ, TS	Rate	per visit	minutes	No
	***Clinic visit defined as= Health behavior						Encounter		minimum of 30	
T1015	intervention, individual, face-to-face	08	081	72		TJ, TS	Rate	per visit	minutes	No
	***Clinic visit defined as= Health behavior									
	intervention, group (2 or more patients), face-						Encounter		minimum of 30	
T1015	to-face;	08	080	50		TT	Rate	per visit	minutes	No
	***Clinic visit defined as= Health behavior									
	intervention, group (2 or more patients), face-						Encounter		minimum of 30	
T1015	to-face;	08	081	72		TT	Rate	per visit	minutes	No
	***Clinic visit defined as= Health behavior									
	intervention, <b>family</b> (with the patient						Encounter		minimum of 30	
T1015	present), face-to-face	08	080	50		HR	Rate	per visit	minutes	No
	***Clinic visit defined as= Health behavior									
	intervention, <b>family</b> (with the patient						Encounter		minimum of 30	
T1015	present), face-to-face	08	081	72		HR	Rate	per visit	minutes	No
	***Clinic visit defined as= Nutritional						Encounter			
T1015	Counseling, dietitian visit	08	080	50		AE	Rate	per visit	1 visit per day	No
	*** <b>Clinic visit defined as=</b> Nutritional						Encounter			
T1015	Counseling, dietitian visit	08	081	72		AE	Encounter Rate	per visit	1 visit per day	No
11012		00	100	12		AE	nate	per visit	I visit per uay	INU