



How to Use the Summary of Coding and MN Health Plan Policies on Weight Management and Smoking/Tobacco Use Cessation Services

The goal of the Statewide Health Improvement Program (SHIP) is to help Minnesotans live longer, healthier lives by preventing the leading causes of chronic disease: tobacco and obesity. One part of SHIP's effort is to work with the provider community in achieving this goal. As a result of this work we found that confusion exists on how to appropriately report weight management services to Medicare, Medicaid, and third party payers. In addition, some misperception exists about patients' insurance benefit coverage.

Therefore, two matrices were developed to summarize current health plan reimbursement policy information for Medicare, Medicaid, and select Minnesota payers for: (1) Weight Management Services; and (2) Smoking and Tobacco Use Cessation Services. Interviews with staff at several SHIP partner clinics and an in-depth review of published payer policies provided the background information for these summaries.

This work grew out of the real-life experiences of partner SHIP clinics providing weight management services in today's payment environment. While some services are currently covered, some are not. These materials aim to clarify ways to incorporate weight management and smoking and tobacco use cessation services into clinical practices and, to the extent possible, limit occasions where lack of reimbursement is a barrier. Also, coverage for preventive services is evolving in Minnesota as well as nationally, so providers can ask payers whether "preventive" or "medical" benefits apply, as the coverage levels are often different.

How to Read the Matrices:

The matrices are designed around the way providers are currently delivering Weight Management and Smoking and Tobacco Use Cessation services, based on interviews with partner SHIP clinics. The general service description (e.g., "Discussion/Counseling, with Problem Diagnosis, Individual") is in tan shading. Under that, specific information (listed below) is provided based on the credentials of the person delivering the service because coding and reimbursement often varies for that reason.

- Provider Credentials
- Codes/Descriptions – Actual CPT language (any payer variations are noted to the right under the Key Payer Comments/Coverage Exclusions section)
- Additional Instructions/Documentation Requirements – Additional information about the codes listed, mostly from CPT Assistant (AMA).
- 2011 tRVU – The 2011 RBRVS Non-Facility total Relative Value Unit (RVU). Because reimbursement varies widely and cannot be presented in this type of forum, tRVUs are shown to provide a sense of the "value" of one service compared to another.
- Key Payer Comments/Coverage Exclusions – Summary of current, published guidelines or policies for payers listed. Often, information was published in many sites; the primary site is listed at the bottom of the column for each payer.



Key Findings:

- It is not true, as many believe, that services with a diagnosis of obesity are universally non-covered. While true for governmental plans, it is often not true for commercial payers. And coverage for weight management services for patients with underlying conditions is good. These are typically coded differently. This is why, on the Weight Management Service matrix, services for patients “with a problem diagnosis” are separated from those receiving “risk factor reduction” services.
- E/M services are reimbursed like any other E/M services, according to the patient’s benefit plan. Use of E/M codes doesn’t change benefits; the diagnosis does.
- Medical Nutrition Therapy (MNT) services for diabetic education tend to be covered.
- Telephone calls are currently not well covered. CPT descriptions require that calls be initiated by the patient (so the service cannot be considered part of an earlier or future E/M service). However, that is rarely how phone calls for Weight Management and Smoking Cessation services happen; instead, clinic staff members initiate calls to patients to “check in,” provide counseling, make sure patients are on track, etc. There is no code for this service, other than the “generic” E/M code listed: 99499.
- Smoking Cessation services are far less complicated to report because specific codes exist to describe these services.

NOTE: This information serves as a summary of benefit plan coverage that varies by payer, and often, by the specific plan purchased by employers, and reporting (coding) rules occasionally vary. Therefore, it’s recommended that providers check each patient’s insurance coverage and verify whether there are special coding requirements.

For additional information about these materials, please contact Megan Ellingson, Minneapolis Department of Health and Family Support, megan.ellingson@minneapolismn.gov.

Additional Links:

Diabetes education: http://www.diabeteseducator.org/export/sites/aade/resources/pdf/Reimbursement_Tips_2009.pdf

Tobacco cessation: http://www.msafp.org/upload/file497_AAFPPracticeManual.pdf

Fitness: http://www.aafp.org/online/etc/medialib/aafp_org/documents/clinical/pub_health/aim/practicemanual.Par.0001.File.dat/AIMPracticeManual.pdf