BIOPSYCHOSOCIAL TREATMENT OF OBESITY

Effective: September 1, 2021

Applies to: Providers of Biopsychosocial Treatment of Obesity Services

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BIOPSYCHOSOCIAL TREATMENT OF OBESITY

Effective for dates of service on or after September 1, 2021, MO HealthNet Division (MHD) will implement Biopsychosocial Treatment of Obesity for youth and adults enrolled in Fee-For-Service (FFS). This service will be available at a later date for youth and adults in Managed Care.

Biopsychosocial Treatment of Obesity provides integrated medical nutrition therapy (MNT) and behavioral health services, coordinated by the primary care or referring physician, or other licensed practitioner, to facilitate behavior changes to manage obesity and associated co-morbidities for youth and adult participants. This program offers services consistent with the United States Preventive Services Task Force (USPSTF) recommendations for intensive, multicomponent behavioral interventions to improve weight status for adults and children/youth with obesity.

PATIENT ELIGIBILITY

For participants to be eligible for Biopsychosocial Treatment of Obesity services the following criteria must be met:
• Ages 0 through twenty (20) years for youth services or twenty-one (21) years of age or older for adult services;
• Not currently pregnant;
• Meet the definition of obese by meeting the following criteria:
  o For youth participants a body mass index (BMI) percentile equal to or greater than the ninety-fifth (95th) percentile for age and gender on the pediatric BMI chart.
  o For adult participants a BMI equal to or greater than thirty (30).
• Not concurrently receiving authorization for other MO HealthNet reimbursed weight reduction services.

PRIOR AUTHORIZATION

Biopsychosocial Treatment of Obesity services require a referral or a prescription for the service in the participant’s plan of care by a physician or other licensed practitioner authorized to prescribe within their scope of practice directly or by protocol consistent with their scope of practice under State law. Biopsychosocial Treatment of Obesity services require a prior authorization for the first 6 months of services. For participants who meet the continuation criteria an additional prior authorization will be required for the additional 6 months of ongoing maintenance sessions.

To obtain prior authorization, enrolled providers can call 800-392-8030, Option 7, or use the CyberAccess website, a web tool that automates this process for MHD providers. To become a CyberAccess user, contact the help desk at 888-581-9797 or 573-632-9797, or email cyberaccesshelpdesk@conduent.com.

PROVIDER QUALIFICATIONS

All Biopsychosocial Treatment of Obesity providers must enroll as a MHD provider.

In order to provide (MNT) for obesity a provider must be licensed to practice as a Registered Dietitian or Registered Dietitian Nutritionist in the state in which they practice and will need to obtain one of the following specialist certificates:

• Certificate of Training in Adult Weight Management Program;
• Certificate of Training in Obesity Interventions for Adults;
• Certificate of Training in Child and Adolescent Weight Management; or
• Completion of a state qualified training program attained through completion of a qualified training program.

In order to provide individual and/or group intensive behavioral therapy (IBT) and/or family-based behavioral treatment (FBT) providers are required to be licensed to practice as a psychiatrist, clinical social worker, psychologist, professional counselor, marital and family therapist, or psychiatric advanced practice registered nurse. Registered dietitians are also eligible to provide group IBT and/or FBT. All providers of intensive behavioral therapy (IBT)
and/or family-based behavioral treatment (FBT) will be required to obtain a state specialist certification attained through completion of a qualified training program that addresses delivery of behaviorally based intervention for adult and/or youth participants diagnosed with obesity.

Eligible providers may provide Biopsychosocial Treatment of Obesity services without a certificate listed above if the provider has:

- maintained an aforementioned license for a minimum of two (2) years;
- documentation of a minimum of 2,000 hours of specialty practice experience delivering weight management MNT for individuals and/or families and youth with obesity diagnosis within the past five (5) years; and
- documentation of a minimum of six (6) hours of obesity or weight management continuing education units (CEU) or professional equivalent.

Biopsychosocial Treatment of Obesity providers must maintain six (6) hours of obesity or weight management CEUs or professional equivalent every two (2) years for the patient population served.

**PROVIDER ENROLLMENT**

If you are already an enrolled provider and would like to participate in this new program to provide Biopsychosocial Treatment of Obesity services and have the proper credentials, you will need an additional provider specialty to bill for these services. Providers must enroll with the Missouri Medicaid Audit and Compliance (MMAC) provider enrollment unit as a Biopsychosocial Treatment of Obesity provider.

Any questions regarding enrollment should be emailed to: [MMAC.ProviderEnrollment@dss.mo.gov](mailto:MMAC.ProviderEnrollment@dss.mo.gov)

The link to complete the electronic application is: [https://peu.momed.com/peu//momed/presentation/commonui/PeHome.jsp](https://peu.momed.com/peu//momed/presentation/commonui/PeHome.jsp)

**PROCEDURE CODES**

The table below lists the covered procedure codes, descriptions of the codes, and the reimbursement rates:

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Reimbursement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>97802</td>
<td>Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes</td>
<td>$23.53</td>
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<tr>
<td>Procedure Code</td>
<td>Description</td>
<td>Modifier</td>
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<tr>
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</tr>
<tr>
<td>G0447</td>
<td>Face-to-face behavioral counseling for obesity, 15 minutes</td>
<td></td>
</tr>
<tr>
<td>G0447</td>
<td>Face-to-face behavioral counseling for obesity, 15 minutes</td>
<td>AH</td>
</tr>
<tr>
<td>G0447</td>
<td>Face-to-face behavioral counseling for obesity, 15 minutes</td>
<td>SA</td>
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<tr>
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<td>Face-to-face behavioral counseling for obesity, 15 minutes</td>
<td>AE</td>
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<tr>
<td>G0473</td>
<td>Face-to-face behavioral counseling for obesity, group (2–10), 30 minutes</td>
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<td>AE</td>
</tr>
</tbody>
</table>

**LIMITS**

**Months 1-6:**
*Medical Nutrition Therapy Assessments by Registered Dietitian for Youth and Adults*

- Initial Assessment- 3 units (15 minutes = 1 unit) 45 minutes
- Re-assessment- 4 units (15 minutes = 1 unit) 1 hour

**Behavioral Counseling for Youth**
- Individual/Family- 16 units (15 minutes = 1 unit) 4 hours
- Group Sessions- 44 units (30 minutes = 1 unit) 22 hours

**Behavioral Counseling for Adults**
- Individual/Family- 12 units (15 minutes = 1 unit) 3 hours
- Group Sessions- 18 units (30 minutes = 1 unit) 9 hours

**Months 7-12:**
*Medical Nutrition Therapy Assessments by Registered Dietitian for Youth and Adults*

- Re-assessment- 2 units (15 minutes = 1 unit) 30 minutes

**Behavioral Counseling for Youth and Adults**
- Individual/Family- 4 units (15 minutes = 1 unit) 1 hour
- Group Sessions- 4 units (30 minutes = 1 unit) 2 hours

A prior authorization must be provided for additional Biopsychosocial Treatment of Obesity services beyond the initial allocation must be prior authorized.
Biopsychosocial Treatment of Obesity services are beyond the scope of services covered under the Rural Health Clinic (RHC) and/or Federally Qualified Health Center (FQHC) designation. These services must be separately billed (as appropriate) under the appropriate performing provider furnishing the services, using their active non-RHC Clinic and/or non-FQHC provider number.

**APPLICABILITY**

Managed Care enrolled providers should contact their Managed Care Organization with questions regarding Biopsychosocial Treatment of Obesity services billing and reimbursement.

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**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at [http://dss.mo.gov/mhd/providers/pages/bulletins.htm](http://dss.mo.gov/mhd/providers/pages/bulletins.htm). Bulletins will remain on the Provider Bulletins page only until incorporated into the provider manuals as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at [http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm](http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm) to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient’s MO HealthNet Managed Care health plan. Before delivering a service, please check the patient’s eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline**

573-751-2896