

TIPS for Successful Medicaid Weight Management Billing:

- An initial assessment (30 minutes or longer) of the patient must be completed FIRST. Bill CPT code 96150 and modifiers U3 and TJ with appropriate diagnosis code (278.00 through 278.02) and the accompanying V-code based on BMI (V85.52-54) . Note that this initial assessment can be done on the same day as an EPSDT visit or a physical exam.
- Once the initial assessment is completed, then the child can be scheduled for (paid) 15 minute health/behavior intervention visits (individual, group or family) with the physician or CRNP or RN using CPT codes 96152-154. Note that these visits can occur on the same day as an office visit for another problem. Maximum: 24 15-minute units of service per 365 day period. The first 15 minute health/behavior intervention visit can occur on the same day as the initial assessment.
- Also, once the initial assessment is completed, the child can be referred for nutritional counseling visits (with MA-enrolled dietician/nutritionists). Maximum: 12 visits per 365 day period.
- Re-assessments (30 minutes or longer) of the patient - up to 4 per 365 day period - will be reimbursed using 96151 and the corresponding diagnosis and V-code.
- No prior authorization is required for any of these services.
- Need more visits for a particularly challenging patient? Request a Program Exception using MA Form 97 - the Outpatient Services Authorization Request.

<http://www.dpw.state.pa.us/omap/provinf/maforms/omapma97.pdf>