



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

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GOVERNOR

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DIRECTOR

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Dear Provider:

**Re: CHILDHOOD OBESITY**

During the past several decades, obesity rates in Michigan have soared among all age groups, quadrupling among children ages 6 to 11. Low income children are disproportionately affected by this trend, making Medicaid an important partner in the fight to keep our children healthy and productive.

In support of **Healthy Kids, Healthy Michigan: Advocates for Healthy Weight in Children**, a coalition to combat childhood obesity, the Michigan Department of Community Health (MDCH) would like to provide you with some additional information regarding billing and reimbursement for obesity related services provided in an office/outpatient setting. We will provide excerpts from the Medicaid Provider Manual and highlight various scenarios to help guide physicians when billing for services that address obesity.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, also known as "well-child visits," encompass childhood obesity prevention and treatment as outlined by the American Academy of Pediatrics (AAP). In accordance with these guidelines, height and weight measurements, nutritional assessments, and, beginning at age 2, tracking of Body Mass Index (BMI) measurements, need to be addressed as a part of each well-child visit. Height and weight charts to determine BMI, percentile rankings by age, and appropriate treatment and testing guidelines are available at the AAP website.

For these and other resources, go to the AAP website at <http://www.aap.org>. Under the heading *Children's Health Topics* >> Obesity >> Prevention and Treatment of Childhood Overweight and Obesity >> What health professionals can do >> Clinical Resources.

Prevention is a vitally important part of fighting the childhood obesity epidemic, and MDCH would like to remind providers of the enhanced reimbursement for preventive visits. In addition to preventive visits, MDCH will provide further examples demonstrating how evaluation and management (E/M) visits can be used to follow-up with patients who are diagnosed with obesity and provide related interventions.

**BILLING AND REIMBURSEMENT**

Section 6.9 of the Billing and Reimbursement Chapter for Professionals of the Medicaid Provider Manual states:

Current Procedural Terminology (CPT) E/M service guidelines apply for determining what level of care is appropriate. Generally CPT descriptions for E/M services indicate "per day" and only one E/M service may be reported per date of service.

A preventive medicine E/M visit and another E/M visit on the same date are billed separately if during the preventive visit, a problem or abnormality is detected which requires additional work and meets the key component requirements of a problem oriented E/M visit. When this occurs, bill the office/outpatient E/M procedure code using modifier 25 and bill the preventive E/M visit without using a modifier. Refer to CPT guidelines for additional information.

Note: This may include services and interventions to address obesity and related conditions if billing for the second visit meets CPT guidelines.

- Scenario 1:* The physician sees a beneficiary for a routine preventive medicine visit or a problem-oriented visit and obesity is also diagnosed. If the physician is unable to fully address the obesity condition in addition to the other presenting conditions, the physician may have the patient and their family return for an office visit on a subsequent date to provide obesity related interventions and bill for the appropriate E/M visit.
- Scenario 2:* The physician sees a beneficiary for a problem-oriented visit and obesity is also diagnosed. The physician may choose to address the obesity through counseling and/or other interventions if time permits. If the E/M visit meets CPT requirements for counseling and coordination of care, a higher level E/M procedure code is billed to accommodate the extra physician face to face time spent with the beneficiary.
- Scenario 3:* The physician sees a beneficiary for a routine preventive medicine visit and during that encounter obesity is diagnosed. The physician can bill for both a preventive visit and a problem oriented E/M visit on the same day as long as CPT guidelines are met for billing the second E/M visit.

In all the scenarios above, documentation is crucial. Medical records must support any E/M procedure code which is billed by adequately documenting the key components and time for each visit. This documentation must be available upon request from the department.

The appropriate diagnosis code(s), such as 278.00 (obesity, unspecified), 278.01 (morbid obesity) or 278.02 (overweight), must be reported on the claim when billing E/M visits to address obesity issues.

If a beneficiary is enrolled in one of the Medicaid Health Plans, the physician must contact the beneficiary's health plan for information related to billing for obesity interventions. Health plans may require additional documentation to support billing decisions.

To obtain more information regarding Medicaid covered services and billing and reimbursement, you may find the Medicaid Provider Manual on the MDCH website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders).

The Department of Community Health, as a partner in **Healthy Kids, Healthy Michigan: Advocates for Healthy Weight in Children**, is committed to early identification and treatment of childhood obesity.

Sincerely,



Stephen Fitton, Acting Director  
Medical Services Administration