Weight and Tobacco Screening and Counseling: Children's Health Network Billing/Coding Guide

September 2018

The following document presents a billing and coding guide for Children's Health Network's weight and tobacco screening and counseling measures. The guide has been developed with input and feedback from Blue Cross Blue Shield of Kansas City (Blue KC) and CHN practices. This billing and coding guide is meant to capture the primary means through which compliance can be achieved. It is not meant to be all inclusive. For additional codes that bring compliance for the measure, please see Evolent's value sets and measure definition accessed directly within Evolent Vision solution.

Measures

The definitions for the weight and tobacco screening and counseling measures are presented below for reference.

Measure Category	Eligible Population	Measures	Provider Attribution	Attribution Specialty Tiers
Tobacco Use: Screening	Patients age 13 through 18 years of age who are non-tobacco users or whose tobacco status is unknown. **Exclusions:** - Patient ever in hospice	- Evidence of at least one tobacco screening with any provider in any setting during the measurement year or year prior.	The provider responsible for the measure is the provider from a relevant specialty with the most office visits during the measurement year or the year prior. Preventive visits are upweighted to indicate evidence that the provider has assumed responsibility for preventive care. Rank, most seen, and last seen logic apply. Relevant specialties include: **See specialty tier column.** Note: Consult and urgent care visits are excluded from attribution logic.	1) Pediatric Medicine
Tobacco Use: Cessation Intervention	Patients age 13 through 18 years of age and older who are current tobacco users in the measurement year or prior year. **Exclusions:** - Patient ever in hospice	- Evidence of cessation counseling by any provider in any setting in the measurement year or prior year.	The provider responsible for the measure is the provider from a relevant specialty with the most office visits during the measurement year or year prior. Preventive visits are upweighted to indicate evidence that the provider has assumed responsibility for preventive care. Rank, most seen, and last seen logic apply. Relevant specialties include: **See specialty tier column.** Note: Consult and urgent care visits are excluded from attribution logic.	1) Pediatric Medicine

Measure Category	Eligible Population	Measures	Provider Attribution	Attribution Specialty Tiers
Weight Assessment and Counseling for Children & Adolescents	Patients ages 3 through 17 years of age in the measurement year. For counseling for nutrition and physical activity, the patient must have a visit with the provider during the measurement year. **Exclusions:** - Patients with pregnancy in the measurement year - Patient ever in hospice	Evidence of the following in the measurement year: - BMI percentile documented - Counseling for nutrition - Counseling for physical activity	The provider responsible for the measure is the provider from a relevant specialty with the most office visits with the patient in the measurement year or year prior. Preventive visits are upweighted to indicate evidence that the provider has assumed responsibility for preventive care. Rank, most seen, and last seen logic apply. Relevant specialties include: **See specialty tier column.** Note: Consult and urgent care visits are excluded from attribution logic.	1) Pediatric Medicine

Weight and Tobacco Billing/Coding Framework

Children's Health Network recognizes that certain assessments and screenings occur as part of an office encounter and are not expected to be paid separately by the payer (i.e. measuring BMI, performing a screening of tobacco use, some forms of counseling). In these cases, it is expected that the practice will not be paid for the services. These services will be captured on a claim using diagnostic codes or non-payable procedure m-codes. In some circumstances, however, the patient's condition (i.e. obesity, tobacco user), may require a higher degree of services, particularly for patient counseling, that would warrant a separate charge for the services rendered. While these services can and should be billed, the practice's receipt of payment for these services is dependent on whether the service is a covered benefit for the patient. In other words, the payer will accept and process the claim indicating services were rendered but payment to the practice will be dependent on the patient's benefit package.

With this framework in mind, Children's Health Network recommends the following approach to capture the delivery of these weight and tobacco services.

Weight Assessment and Counseling Billing/Coding Guide

Weight Assessment BMI (Non-Payable Services)

Assessing BMI would be delivered in conjunction with an office visit. One of the following ICD-10 diagnostic codes should be included on the office or well-child visit claim.

Code	Description
Z68.51	Body mass index (BMI) pediatric, less than 5th percentile for age
Z68.52	Body mass index (BMI) pediatric, 5th percentile to less than 85th percentile for age
Z68.53	Body mass index (BMI) pediatric, 85th percentile to less than 95th percentile for age
Z68.54	Body mass index (BMI) pediatric, greater than or equal to 95th percentile for age

Weight Assessment Counseling for Nutrition

Standard Counseling During an Office Visit / Well-Child Visit (Non-Payable Services)

The following ICD-10 diagnostic code should be included on the office or well-child visit claim:

Code	Description
Z71.3	Z71.3 Dietary counseling and surveillance

More In-Depth Counseling/Therapy Due to Patient History (Potentially Payable Services)

The provider bills for the additional counseling/therapy services using one of the following CPT codes:

Code	Description
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes

Weight Assessment Counseling for Physical Activity

Standard Counseling for Office Visit / Well-Child Visit (Non-Payable Services)

The following ICD-10 diagnostic code should be included on the office or well-child visit claim:

Code	Description
Z71.82	Counseling for exercise

Tobacco Screening and Cessation Intervention Billing/Coding Proposal

Tobacco Screening (Non-Payable Services)

Providers should utilize the following non-payable procedure m-codes when tobacco assessment is completed. Use the applicable code based on status of tobacco use. It is important to use current tobacco user codes (1034F, 1035F) when applicable since these codes identify individuals who are eligible for tobacco cessation intervention.

Code	Description	Comments
1000F	Tobacco use assessed	Tobacco Use Assessment - Non-Tobacco User (Option 1)
1031F	Smoking status and exposure to second hand smoke in the home assessed	Tobacco Use Assessment - Non-Tobacco User (Option 2)
1034F	Current tobacco smoker	Tobacco Use Assessment - Tobacco User (Smoker)
1035F	Current smokeless tobacco user (chew, snuff)	Tobacco Use Assessment - Tobacco User (Smokeless Tobacco)

Tobacco Cessation Intervention

Standard Counseling for Office Visit / Well-Child Visit (Non-Payable Services)

When tobacco cessation counseling is delivered during an office visit, the following ICD-10 code should be included on the office or well-child visit claim.

Code	Description
Z71.6	Tobacco Abuse Counseling

Providers may also utilize the following non-payable procedure m-code when tobacco cessation intervention counseling is completed.

Code	Description
4000F	Tobacco use cessation intervention, counseling

More In-Depth Counseling/Therapy Due to Patient History (Payable Services)

The provider bills for the additional counseling/therapy services using one of the following CPT codes:

Code	Description
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

Frequently Asked Questions

Question #1: Will the inclusion of additional diagnostic codes or non-payable m codes result in payment processing issues (i.e. rejection of the entire claim, delayed payment, etc.).

No, the inclusion of additional diagnostic codes or non-payable m codes should not result in payment processing issues. Blue KC indicated that they will accept and process the codes without any issue. CHN practices have been piloting the above framework and have not yet reported any payment processing issues or concerns. CHN will continue to monitor and will ask other commercial payers similar claims processing questions as our network engages further with those payers.

It is expected that each diagnostic code and non-payable CPT code would be part of an overall encounter that will have at least one payable procedure code billed. In other words, each claim sent to payers (e.g. Blue KC) should have at least one payable procedure code.

Question #2: Is there a limit on the number of diagnostic codes that can be associated with a claim?

The CMS 1500 Health Insurance Claim form allows up to 12 diagnostic codes. Blue KC has confirmed that their claims system is able to receive, process, and store 12 diagnostic codes in alignment with the number of codes on the CMS 1500 claims form. It is assumed that other commercial payers have similar capabilities but Children's Health Network will confirm as we work with them.

As the claim is transmitted from the provider to the payer, it is important to recognize that a clearing house vendor may also serve as an intermediary in this process. As practices bill and code using this framework, we collectively need to monitor the transmission of claims to ensure all diagnostic codes pass from provider to payer.

Question #3: For the "Weight Assessment: BMI Percentile" measure, do CPT or diagnostics codes within the "BMI Screening" value set or "BMI" value set count toward compliance?

No, the codes within the "BMI Screening" or "BMI" value sets are not applicable for pediatric patients. The "Weight Assessment: BMI Percentile" quality measure is in alignment with HEDIS. The HEDIS measure definition indicates that BMI percentile is assessed for pediatric patients rather than an absolute BMI value because BMI norms for children vary by age and gender.