



New Nutrition Counseling Benefit Available to Commercial HMO, POS, and PPO Members (PA and DE only)

We are taking a leadership role in the region by introducing a new nutrition counseling benefit for our members. **Effective July 1, 2007**, registered dietitians and physicians may provide up to six nutrition counseling visits per year to adults and children covered by commercial HMO, POS, and PPO plans. PCPs may bill for nutrition counseling visits above capitation.

The purpose of the six new nutrition counseling visits is to support our members in establishing good eating habits that will contribute to a healthier lifestyle. We recognize the impact of a well-balanced diet on good health, and we are proud to offer the nutrition counseling visits as a core benefit to our already comprehensive benefits plans.

A nutrition counseling visit could include:

- An assessment of dietary habits
- The use of measurement tools, such as the Body Mass Index, to assess risk
- Development of strategy and goals to achieve the dietary change
- Ongoing support to maintain dietary changes and reevaluate goals
- Guidance toward an appropriate exercise program

Billing

Report the following codes when billing for nutrition counseling:

Code	Narrative
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
97804	Medical nutrition therapy; group (2 or more individuals), each 30 minutes
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes
G0271	Medical nutrition therapy, reassessment, and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes
S9449	Weight management classes, nonphysician provider, per session
S9452	Nutrition classes, nonphysician provider, per session
S9470	Nutritional counseling, dietitian visit

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In addition to the nutrition counseling visit codes listed on the previous page, the following diagnosis codes can be used to report the Body Mass Index for adult members who are utilizing the nutrition counseling benefit. Based on official guidelines for

coding and reporting, these secondary codes should not be listed in the first position on a claim or reported as the principal diagnosis. Reporting these additional codes will help us identify members for potential intervention/outreach purposes.

Diagnosis Code	Description
V85.0	Body Mass Index less than 19, adult
V85.1	Body Mass Index between 19-24, adult
V85.21	Body Mass Index 25.0-25.9, adult
V85.22	Body Mass Index 26.0-26.9, adult
V85.23	Body Mass Index 27.0-27.9, adult
V85.24	Body Mass Index 28.0-28.9, adult
V85.25	Body Mass Index 29.0-29.9, adult
V85.30	Body Mass Index 30.0-30.9, adult
V85.31	Body Mass Index 31.0-31.9, adult
V85.32	Body Mass Index 32.0-32.9, adult
V85.33	Body Mass Index 33.0-33.9, adult
V85.34	Body Mass Index 34.0-34.9, adult
V85.35	Body Mass Index 35.0-35.9, adult
V85.36	Body Mass Index 36.0-36.9, adult
V85.37	Body Mass Index 37.0-37.9, adult
V85.38	Body Mass Index 38.0-38.9, adult
V85.39	Body Mass Index 39.0-39.9, adult
V85.4	Body Mass Index 40 and over, adult
V85.51	Body Mass Index, pediatric, less than 5th percentile for age
V85.52	Body Mass Index, pediatric, 5th percentile to less than 85th percentile for age
V85.53	Body Mass Index, pediatric, 85th percentile to less than 95th percentile for age
V85.54	Body Mass Index, pediatric, greater than or equal to 95th percentile for age

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Members pay nothing out-of-pocket when a participating physician or registered dietitian provides the nutrition counseling. No copayments will be due from either HMO, POS, or PPO members receiving services from participating physicians or dietitians. Participating registered dietitians will be listed on NaviNetSM and our online directories. A referral is required for HMO members seeking services from a registered dietitian or physician. PPO and POS members must satisfy any deductibles or coinsurance when utilizing out-of-network and self-referred benefits.

Additional Programs

Our long-standing commitment to helping our members exercise healthy eating habits goes beyond our new nutrition counseling benefit. Members can also take advantage of our AmeriHealth Healthy LifestylesSM programs, which include reimbursements for fitness center fees and approved weight loss programs as well as discounts on vitamins and nutritional supplements. Our AmeriHealth Healthy Lifestyles programs are designed to encourage healthy behavior. Members eligible for our ConnectionsSM programs who may be considering weight loss surgery can call the Connections Health Management Program

(1-800-275-2583) to receive Health Coaching and a free Shared Decision-Making[®] video/DVD on bariatric surgery treatment options. If a member has questions regarding eligibility, he or she may call the Member Services number listed on the back of his or her ID card.

We strive to help those at risk for obesity lead healthier lives and educate all members about how to maintain a healthy weight. For more information on the evaluation and treatment of overweight patients, please see our *Clinical Practice Guidelines* on obesity at www.amerhealth.com/providers/policies_guidelines/clinical_guidelines/index.html. PCPs are encouraged to speak with their patients about this benefit, refer them to a registered dietitian, or direct them to call Member Services or visit www.amerhealthexpress.com.

If you have additional questions regarding the new nutrition counseling benefit, please contact Provider Services.

Note: This is not a statement of benefits. Benefits may vary based on state requirements, product line (HMO, PPO, etc.), and/or employer group. HMO and PPO member coverage may be verified through Provider Services.

Codes listed previously are subject to change due to quarterly and annual HCPCS/CPT and revenue code updates. The codes listed are current as of the date of this publication.