

Childhood Obesity Services Health Plan Survey Summary and Key Points

During the summer of 2009, Medical Directors of health plans throughout Arizona were asked to complete a brief survey developed by the American Academy of Pediatrics Arizona Chapter (AzaAAP) to assess coverage for obesity services for children and adolescents. In total, 23 individual survey invitations were distributed. Surveys were sent to 14 AHCCCS (Medicaid) health plans, one to the AHCCCS agency, and 7 to commercial health plans. Of the individual AHCCCS plans, 5 were acute care plans, 1 was an acute care plan specifically for children within the foster care system (CMDP), 3 were combined acute care and ALTCS (Arizona Long Term Care System) plans, 5 were ALTCS only. One survey was also given to DDD, which is administered through DES. Health plans were given the opportunity to complete the survey online via survey monkey or mail in the survey.

- ✓ Altogether, 9 health plans logged on to the survey monkey or mailed in a survey.
- ✓ Of these, 3 described themselves as a commercial insurer, and 6 described themselves as Medicaid/AHCCCS. It is not possible to further delineate the type of plan (acute, ALTCS, etc.) through this survey monkey.
- ✓ Of the plans that mailed in a survey or entered the survey site, 2 of the commercial plans did not respond to any of the survey questions, and 1 Medicaid/AHCCCS plan did not respond to any questions.
- ✓ There were either complete or partial responses to the obesity services coverage survey questions for children and adolescents by a total of 6 health plans (approximately 25% response), of which 5 (83 %) were Medicaid/AHCCCS plans. It should be noted that some respondents did not answer 100% of the questions. One commercial plan sent information about obesity related services, but did not answer the survey questions.

Commercial Plan Responses

- ✓ The one commercial plan that provided responses on the survey monkey did not answer every question on the survey, and mentioned that coverage for obesity services was plan specific; however, general benefits do not provide coverage for obesity related diagnoses. The answer to the question as to whether nutrition/dietician services were covered was specified as “no”.
- ✓ One commercial plan contacted a representative of the AzaAAP Pediatric Council, and asked that instead of responding to this survey, they would prefer that answers to the survey recently done by the American Academy of Pediatrics (AAP), which included vignettes, be used instead. There is no way to know whether this commercial plan has uniform benefits for obesity throughout all service areas, nor whether the responses given on the AAP survey would apply to Arizona.

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- ✓ Another commercial plan sent Clinical Coverage Criteria to a representative of the AzAAP Pediatric Council stating that most of the answers to questions on the survey could be found in these documents. Two of the documents, obesity surgery and weight reduction medications and programs, appeared to apply to patients older than 18 years of age and thus do not appear sufficient to address the survey questions about services for children. The third, pertaining to nutritional counseling, states that nutritional counseling is considered necessary for patients with chronic disease but does not include obesity in the list of chronic diseases. In the codes section of the document, it specifically is stated that obesity is non-covered by HMO plans.
- ✓ Yet another commercial plan contacted a representative of the AzAAP Pediatric Council to voice that there was concern by the health plan about responding to the survey due to questions about how the data would be used and whether the responses were confidential.

AHCCCS/Medicaid Agency and Health Plan Responses

- ✓ AHCCCS/Medicaid plans/agency responses to the survey generally showed that the diagnoses codes listed were covered.
 - One plan responded that payment is based on CPT codes and not the Dx code or supplemental/V code.
 - One plan did not respond to the questions about V85.51 (BMI<5%, V)85.53 (BMI 85-95%), or V85.54 (BMI>95%).
- ✓ All AHCCCS plans/agency responding stated that nutrition/dietician services were covered. The amount of services and/or need for specific documentation and/or prior authorization varied by health plan.
 - One plan responding stated that prior authorization was not needed for initial nutrition/dietician services.
 - One plan required prior authorization for ongoing services after the initial visit and also required specific documentation to show the need for nutrition services.
 - One plan stated nutrition services required prior authorization and specific documentation to show the need for this.
 - Another plan stated that prior authorization was needed for nutrition services but answered that there was not specific documentation needed to get this covered. This may be an erroneous response, as usually documentation would be needed when prior authorization is required.
- ✓ Responses to the questions about coverage of codes 99401-99404 was uniformly yes for all plans, except for one, which did not respond to that particular question.
 - One plan specifically mentioned that prior authorization was not required for these codes, regardless of diagnosis.
- ✓ Responses to the questions about coverage of codes 96150-96155 was also yes for all plans except one, which did not respond to that particular question.
 - One plan mentioned that these services are only covered in the office or clinic settings, not in a hospital inpatient or outpatient setting.
 - One plan stated that PA was required for the use of these CPT codes, regardless of diagnosis.

- ✓ The question about billing of services during an EPSDT/WCC service (99381-99384 or 99391-99394) had varied responses. The question was whether the payment for services related to obesity diagnosis, risk assessment, and counseling during the EPSDT visit would be bundled under the EPSDT service or if the plan would accept this as a separate code with a 25 modifier and pay separately for the EPSDT service.
 - Two plans did not respond.
 - One plan wrote “bundle” and then stated that “risk assessment and counseling is included in the description of these CPT codes. No separate payment I made for those components.”
 - Another plan also wrote “bundle”.
 - Another plan wrote “Per AMA billing and coding: If the patient has a chronic condition that is significant and requires additional work to perform the required key components (hx, PE, and med decision-making, or time) of a separately identifiable E/M service, a problem oriented E/M code may also be reported (with the use of the -25 modifier) in addition to the preventive medicine visit.”

Key Findings/Discussion

- ✓ AHCCCS health plans responding to the survey appear to have coverage for some obesity assessment and treatment services for children. Since not all AHCCCS plans responded, it is not known whether all AHCCCS plans provide some degree of coverage.
- ✓ Although there is coverage among the responding AHCCCS plans for some services, responses show that there may be some variability in coverage of codes and services to address childhood obesity which warrants further discussion.
- ✓ Due to possible variability seen among AHCCCS plan responses, clinicians providing care for children in Arizona may face challenges in understanding the differences in covered services among health plans, and may have difficulty managing the variable prior authorization requirements and coding/billing instructions. This may prohibit or provide a disincentive to following the current expert guidelines for prevention, assessment, and treatment of childhood obesity.
- ✓ Very few commercial health plans gave responses to the survey. Responses received showed limited coverage for childhood obesity services.
- ✓ Due to apparent coverage limitations, clinicians serving children with commercial insurance in Arizona may face challenges that prohibit or provide a disincentive to following the current expert guidelines for prevention, assessment, and treatment of childhood obesity.
- ✓ Given the high health care costs attributed to obesity and obesity-related conditions, it may be advantageous to collect and disseminate any available data that shows a return on investment when services to address childhood obesity are provided, and to advocate for further research, if needed, that would demonstrate cost savings when services that address childhood obesity according to current expert guidelines are covered.