Rules of
Department of Social Services
Division 70—MO HealthNet Division
Chapter 25—Physician Program

Title 13—DEPARTMENT OF SOCIAL SERVICES
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Chapter 25—Physician Program

13 CSR 70-25.100 Abortions

PURPOSE: This rule complies with Federal Law and rules relating to abortions and maintains compliance with the requirements of the Title XIX program which provides funding for needy persons in the state.

(1) No funds appropriated for the payment of medical claims shall be used to perform abortions except where the life of the mother would be endangered if the fetus were carried to term and a physician has found and certified in writing to the Medical Services Division that, on the basis of his/her professional judgment, the mother's life would be endangered if the fetus were carried to term. The certification shall set out the name, address and medical assistance number of the patient.

AUTHORITY: section 207.020, RSMo 1986. This rule was previously filed as 13 CSR 40-81.101. Emergency rule filed July 2, 1980, effective July 12, 1980, expired Oct. 12, 1980. Original rule filed July 2, 1980, effective Oct. 11, 1980. Emergency amendment filed Nov. 20, 1980, effective Nov. 30, 1980, expired March 11, 1981. Amended: Filed Nov. 20, 1980, effective March 12, 1981. Emergency amendment filed July 9, 1981, effective July 21, 1981, expired Oct. 10, 1981. Amended: Filed July 9, 1981, effective Oct. 11, 1981.*

**Original authority: 207.020, RSMo 1945, amended 1961, 1965, 1977, 1981, 1982 and 1986.*

13 CSR 70-25.110 Payment for Early Periodic Screening, Diagnostic and Treatment Program Services

PURPOSE: This rule establishes the basis and criteria for payment of screenings and related services resulting from the Early Periodic Screening, Diagnosis and Treatment Program.

(1) The Department of Social Services shall administer an Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Program. In Missouri, the EPSDT Program is administered as the Healthy Children and Youth (HCY) Program. The EPSDT/HCY Program provides for thorough physical and dental examinations for MO HealthNet-eligible persons under the age of twenty-one (21) years and for all persons under the age of twenty-one (21) years in the legal custody of the Department of Social Services or any division of the department at no cost to the child or to the parents or guardians if they accept the offer of this service. Funding for EPSDT services is through Title XIX of the federal Social Security Act (Medicaid) and Missouri.

(2) EPSDT services are available to participants under the age of twenty-one (21) years who are eligible to receive medical assistance benefits under the provisions of sections 208.151, 208.162, and 208.204, RSMo.

(3) The EPSDT Program shall make a general physical examination available to eligible participants under the age of twenty-one (21) years. The components of the general physical examination shall include a health history, an unclothed physical examination, appropriate laboratory tests, immunizations, a developmental/mental health screen, a vision screen, and a dental screen. These screens will be made available at the frequency recommended by the American Academy of Pediatrics and the American Academy of Pediatric Dentists.

(A) Interperiodic screenings outside the recommendations of the American Academy of Pediatrics or the American Academy of Pediatric Dentists are available when medically indicated.

(B) Partial screens for vision, hearing, dental, unclothed physical examination, an interval history, and appropriate laboratory tests and immunizations, developmental/mental health assessment, and anticipatory guidance shall be reimbursable services.

(4) Providers of the screening services must be enrolled MO HealthNet providers.

(5) Reimbursement for medically necessary treatment services identified as a result of a screening shall be provided by the Department of Social Services, MO HealthNet Division, if the services are available under Section 1905(a) of the Social Security Act. These services shall be limited by medical necessity. Experimental services are not covered. Any service authorized must be effective in addressing the participant's need. Services may be prior-authorized to assure medical necessity.

(6) Medical and dental services which Section 1905(a) of the Social Security Act permits to be covered under MO HealthNet and which are necessary to treat or ameliorate defects, physical, and mental illness or conditions identified by an EPSDT screen are covered regardless of whether or not the services are covered under the Medicaid state plan. Services provided under this program will be sufficient in amount, duration, and scope to reasonably achieve their purpose. The services are limited due to medical necessity. Services identified as needed as the result of a screening which are beyond the scope of the Medicaid state plan require a plan of care identifying the treatment needs of the child in regard to amount, scope, and prognosis. Prior authorization of services may be required for these services needs and for services of extended duration unless otherwise noted in the benefits and limitations section of the provider manual of the appropriate provider of the service. Examples of services beyond the scope of the state Medicaid Plan are—orthodontic services; physical, occupational, and speech therapy evaluations and services; psychology and counseling services; private duty nursing services; and medical supplies. Services may be made available on an inpatient, outpatient office, or home setting depending upon the medical condition of the participant and availability of services.

(7) Services must be provided by enrolled MO HealthNet providers operating within their legal scope of practice.

AUTHORITY: sections 208.152, 208.153, and 208.201, RSMo Supp. 2007. This rule was previously filed as 13 CSR 40-81.015. Original rule filed Jan. 15, 1985, effective April 11, 1985. Amended: Filed Jan. 13, 1992, effective Sept. 6, 1992. Amended: Filed Aug. 15, 2008, effective Feb. 28, 2009.*

**Original authority: 208.152, RSMo 1967, amended 1969, 1971, 1972, 1973, 1975, 1977, 1978(2), 1981, 1986, 1988, 1990, 1992, 1993, 2004, 2005, 2007; 208.153, RSMo 1967, amended 1967, 1973, 1989, 1990, 1991, 2007; and 208.201, RSMo 1987, amended 2007.*

13 CSR 70-25.120 MO HealthNet (Medicaid) Payment for Certain Services Furnished by Certain Physicians in Calendar Years 2013 and 2014

(Rescinded September 30, 2018)

AUTHORITY: sections 208.152, 208.153, and 208.201, RSMo Supp. 2013. Original rule filed Oct. 10, 2013, effective April 30, 2014. Rescinded: Filed March 2, 2018, effective Sept. 30, 2018.

13 CSR 70-25.130 Diabetes Prevention Program

PURPOSE: The purpose of this rule is to

establish the Department of Social Services' MO HealthNet Division guidelines regarding coverage and reimbursement for Diabetes Prevention Program services. The goal of this policy is to improve health outcomes for the adult population at risk for developing diabetes by managing obesity and associated comorbidities.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Administration. The Diabetes Prevention Program (DPP) shall be administered by the MO HealthNet Division. The diabetes prevention program services covered and not covered, the limitations under which services are covered, and the maximum allowable fees for all covered services shall be determined by the MO HealthNet Division and shall be included in the MO HealthNet *Physician Provider Manual*, which is incorporated by reference and made part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website http://manuals.momed.com/manuals/, December 27, 2019. This rule does not incorporate any subsequent amendments or additions. Diabetes Prevention Program services covered by the MO HealthNet program shall include only those which are clearly shown to be medically necessary.

(A) In the administration of the rule, "Diabetes Prevention Program" or "DPP" means a structured, lifestyle change program specifically developed and recognized by the Centers for Disease Control and Prevention (CDC) to prevent type 2 diabetes. The program is intended for people who have prediabetes or are at risk for type 2 diabetes, but who do not already have diabetes, to promote lifestyle changes that decrease the progression to type 2 diabetes. The program services include group support and lifestyle changes such as eating healthier foods, reducing stress, and increasing physical activity.

(2) Provider Participation. To be eligible for participation as a provider in the MO HealthNet Diabetes Prevention Program—

(A) DPP service providers must be enrolled as MO HealthNet providers; and

(B) DPP service providers must have pending, preliminary, or full recognition status from the CDC's Diabetes Prevention Recognition Program. The CDC regulates the standards needed for recognition.

(3) Participant Criteria. Any person who is an eligible Missouri Medicaid participant who meets the following criteria shall be eligible to receive these services:

(A) Be twenty-one (21) years old or older;

(B) Not currently pregnant;

(C) Have, as of the date of attendance at the first core session, a BMI equal to or greater than twenty-five (25) or twenty-three (23) if of Asian descent;

(D) Have no previous diagnosis of type one (1) or two (2) diabetes with the exception of gestational diabetes;

(E) Have, within the last twelve (12) months—

1. Hemoglobin A1C test with a value of five and seven-tenths percent (5.7%) to six and four-tenths percent (6.4%);

2. A fasting plasma glucose of one hundred (100) mg/dl to one hundred twenty-five (125) mg/dl; or

3. Two (2) hour plasma glucose of one hundred forty (140) to one hundred ninety-nine (199) mg/dl after the seventy-five (75) oral glucose tolerance test; and

(F) Not concurrently receiving authorization for other MO HealthNet reimbursed weight reduction services.

(4) Diabetes Prevention Program Services.

(A) DPP Services are structured interventions that include lifestyle, behavior-counseling focusing on weight reduction and lifestyle changes. A prescriber provider's referral, utilizing the eligibility criteria set forth by the CDC, is required for the participant to be eligible for this program. The prescribing provider will need to prescribe the service in the participant's plan of care during a regular office visit. A prescribing provider is defined as a licensed practitioner authorized to prescribe within their scope of practice either directly or by protocol consistent with their scope of practice under state law.

1. DPP core services period that includes a twelve (12) month period of intervention with a minimum of twenty-two (22) sessions and a maximum of twenty-six (26) sessions.

A. During months one (1) through six (6) of the DPP core services period, DPP service providers will be required to provide a minimum of sixteen (16) weekly sessions utilizing CDC-approved DPP core module curriculum.

(I) This curriculum provides counseling that focuses on, but is not limited to, information about Type Two (2) Diabetes and how to prevent it; self-monitoring weight and food intake; healthy eating; introduction to physical activity; dealing with lifestyle changes; developing lasting lifestyle changes; and stress management.

B. During months seven (7) through twelve (12) of the DPP core services period, DPP service providers will be required to provide a minimum of six (6) monthly sessions utilizing CDC-approved DPP core maintenance module curriculum.

(I) This curriculum provides counseling that focuses on maintaining long-term dietary changes, increased physical activity, and behavior change strategies for continued weight loss.

C. DPP core services period also includes, but is not limited to, weight monitoring and tracking, physical activity tracking, and caloric intake tracking as required.

D. The prescribing provider will need to seek prior authorization for the first twelve (12) months of the diabetes prevention program from MO HealthNet prior to starting the program.

2. DPP ongoing maintenance period includes access to one (1) year of ongoing maintenance sessions to eligible participants.

A. The ongoing maintenance sessions are done in three- (3-) month intervals for a maximum of four (4) sessions during months thirteen (13) through twenty-four (24).

B. In order to qualify for the ongoing maintenance sessions after the initial twelve (12) month program, the participant must achieve and maintain a minimum weight loss of five percent (5%) at the end of the first twelve (12) months.

C. For participants that are eligible for the ongoing maintenance sessions, the prescribing provider must seek an additional prior authorization from MO HealthNet for the additional twelve (12) months of ongoing maintenance sessions.

(B) Additional diabetes prevention services, including core sessions and ongoing maintenance sessions beyond the initial allocation must be requested and will need to go through the prior authorization process and must be deemed medically necessary.

(C) A participant that is unable to meet and/or maintain the criteria for the additional twelve (12) months of ongoing maintenance sessions has the option, after twelve (12) months, to re-enroll in the diabetes prevention program starting with the first twelve (12) months if the participant meets the established criteria and has an approved prior authorization.

(5) Records Retention and Documentation Requirements.

(A) Providers who provide Diabetes Prevention Program services shall follow section

13 CSR 70-3.030.

(B) The DPP provider must retain the prescribing provider's referral with approved prior authorization from MO HealthNet.

(C) The DPP provider must complete and retain an evaluation at the end of twelve (12) months to determine the appropriateness for continuation to the ongoing maintenance services.

(D) Once the services are complete, the prescribing provider shall maintain a treatment record outlining how the participant will maintain weight loss.

AUTHORITY: sections 208.201 and 660.017, RSMo 2016. Original rule filed Feb. 7, 2020, effective Aug. 30, 2020.*

**Original authority: 208.201, RSMo 1987, amended 2007 and 660.017, RSMo 1993, amended 1995.*

13 CSR 70-25.140 Biopsychosocial Treatment of Obesity for Youth and Adults

PURPOSE: This rule establishes the MO HealthNet payment policy for the biopsychosocial treatment of obesity for youth and adult participants. The goal of this policy is to improve health outcomes for both the youth and adult population by managing obesity and associated co-morbidities.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Administration. The MO HealthNet Division, Department of Social Services, shall administer Biopsychosocial Treatment of Obesity for Youth and Adult participants. Biopsychosocial treatment of obesity services covered and not covered, the limitations under which services are covered, and the maximum allowable fees for all covered services shall be determined by the MO HealthNet Division and shall be included in the *MO HealthNet Physician Provider Manual* and *Behavioral Health Services Manual*, which are incorporated by reference and made part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at, http://manuals.momed.com/manuals, December 27, 2019. This rule does not incorporate any subsequent amendments or additions. Biopsychosocial treatment of obesity services covered by the MO HealthNet program shall include only those which are shown to be medically necessary.

(A) In the administration of the rule, the following definitions are used:

1. "Biopsychosocial Treatment of Obesity" means using a combination of obesity screenings, Medical Nutrition Therapy (MNT), and Intensive Behavioral Therapy (IBT) to promote life style changes leading to weight loss in adult and youth participants.

A. "Adult Intensive Behavioral Therapy (IBT)" means obesity management by utilizing intensive multicomponent, behavior-based weight loss interventions that promote and sustain weight loss in adult participants.

B. "Youth Intensive Behavioral Therapy (IBT)" means obesity management by utilizing comprehensive, intensive behavior-based weight loss interventions that can include multi-component family-based behavioral treatment (FBT) interventions tailored to participant needs targeting both the parent/guardian and the youth;

2. "Body Mass Index (BMI)" means a measure that relates body weight to height and is calculated by dividing weight in kilograms (kg) by the square of height in meters (expressed in kg/m2).

A. "Body Mass Index (BMI) Percentile" means the range of BMI values as expressed in percentiles for age and gender as plotted on the pediatric BMI chart.

B. "Pediatric Body Mass Index (BMI) Chart" means a graphic display of normal progressive changes in body mass index for the pediatric population ages two (2) to twenty (20) years of age;

3. "Consultation" for the purpose of this rule means the experienced behavioral health clinician who meets provider requirements for Intensive Behavioral Therapy (IBT) outlined in this regulation support and evaluate the newly certified provider's competency in delivery of behaviorally based intervention for patients diagnosed with obesity;

4. "Medical Nutrition Therapy (MNT)" means nutritional diagnostic, therapy, and counseling services furnished by a licensed registered dietitian or registered dietitian nutritionist, and includes a review of nutritional health, eating habits, and development of an individualized nutrition plan; and

5. "Qualified University" means a United States regionally accredited college, university, or foreign equivalent, or an academic university-based medical center affiliated with such a university.

(2) Provider Participation. To be eligible to provide services for the MO HealthNet Biopsychosocial Treatment of Obesity Program—

(A) All Biopsychosocial Treatment of Obesity service providers must be enrolled as MO HealthNet providers;

(B) Provider Requirements for MNT. In order to provide medical nutrition therapy for obesity a provider is required to meet the following criteria:

1. Have a current license to practice as a Licensed Registered Dietitian or Registered Dietitian Nutritionist in the state in which they practice;

2. The Provider will need to obtain one (1) of the following specialist certificates in order to provide MNT for treatment of obesity:

A. Certificate of Training in Adult Weight Management Program;

B. Certificate of Training in Obesity Interventions for Adults;

C. Certificate of Training in Child and Adolescent Weight Management; or

D. Completion of a qualified training program that provides professional medical nutrition therapy training addressing obesity and weight management treatment for participant population(s) served;

3. A licensed provider may provide MNT without a certificate as listed above if the provider meets the following criteria:

A. The provider has maintained a dietitian license credential for a minimum of two (2) years;

B. The provider has a minimum of two thousand (2,000) hours of specialty practice experience delivering weight management behavioral treatment for individuals and/or families or youth with obesity diagnoses within the past five (5) years; and

C. The provider will have documentation of a minimum of six (6) hours of obesity or weight management CEUs or professional equivalent post receipt of license credential;

(C) Provider Requirements for IBT. In order to provide individual and/or group intensive behavioral therapy (IBT) and/or family-based behavioral treatment (FBT) for youth and adults a provider is required to meet the following criteria:

1. Have a current license to practice as one (1) of the following provider types: psychiatrist, clinical social worker, psychologist, or professional counselor, martial and family therapist, or psychiatric advanced practice registered nurses. Registered dietitians are eligible to provide group IBT and/or FBT;

2. A specialist certification for the participant population(s) served that was attained through completion of a qualified training program that addresses delivery of behaviorally

based intervention for adult and/or youth participants diagnosed with obesity;

3. A licensed provider may provide IBT without a certificate with the following criteria:

A. The licensed provider has maintained one (1) of the aforementioned license credentials for a minimum of two (2) years;

B. The provider has a minimum of two thousand (2,000) hours of specialty practice experience delivering weight management behavioral treatment for individuals and/or families and youth with obesity diagnoses within the past five (5) years; and

C. The provider will have documentation with a minimum of six (6) hours of obesity or weight management CEUs or professional equivalent post receipt of license credential; and

(D) Continuing Education Unit (CEU) requirement. The provider must maintain six (6) hours of obesity or weight management CEUs or professional equivalent every two (2) years for the patient population served, either youth or adult or both.

1. The required evaluation and documentation on compliance with certification standards post completion of a qualified training program from an experienced provider does not count toward the six (6) hours of CEUs.

(E) The provider must meet the provider qualifications outlined in this regulation in order to bill MO HealthNet for the service.

(3) Qualified Training Program Requirements.

(A) A qualified training program has stated learning objectives for the course content and includes the following:

1. Content-expert instruction and interactive discussion (which may occur face-to-face or by electronic delivery);

2. Course materials developed by professionals with demonstrated expertise in the content area;

3. Content areas cover evidence-based approaches to effectively deliver weight management and obesity treatment for adult and/or youth participants using a family-centered, comprehensive approach; and

4. Sponsored by or conducted in affiliation with a qualified university.

(B) The training program for youth and adults participants shall contain a mix of didactics with simulation work conducted by members of the training center staff.

(C) The qualified training program shall provide a certificate upon completion of the program.

(D) Qualified training programs on IBT and FBT shall provide a means for newly certified behavioral providers to receive evaluation and documentation on compliance with post-program certification standards from an experienced provider using established procedures.

1. After completion of the qualified training program for IBT, the provider is certified for one (1) year.

2. To receive the specialty certificate after one (1) year to continue delivering IBT/FBT, the provider is required to complete clinical consultations with an experienced IBT/FBT provider in accordance with established procedures.

3. The qualified training program will provide those completing the program details on how to obtain a renewal specialist certification and a list of experienced eligible providers to provide consultation and review IBT/FBT competency.

4. Renewal of specialist certification for IBT/FBT will not be issued until the new provider receives documentation on compliance with certification standards from an experienced provider.

(4) Participant Criteria. Any person who is eligible for Title XIX benefits from the Family Support Division and who also meets the following criteria shall be deemed eligible to receive these services:

(A) Be five (5) through twenty (20) years of age for youth services or twenty-one (21) years of age or older for adult services;

(B) Not currently pregnant;

(C) Be obese by meeting the following criteria:

1. For youth participants a body mass index (BMI) percentile equal to or greater than the ninety-fifth (95th) percentile for age and gender on the pediatric body mass index (BMI) chart.

2. For adult participants a body mass index (BMI) equal to or greater than thirty (30); and

(D) Not concurrently receiving authorization for other MO HealthNet reimbursed weight reduction services.

(5) Biopsychosocial Treatment of Obesity Services.

(A) Biopsychosocial Treatment of Obesity Services provide integrated medical nutrition therapy and behavioral health services, coordinated by the primary care or referring physician, or other licensed practitioner of healing, to facilitate behavior changes to manage obesity and associated co-morbidities. Biopsychosocial treatment of obesity for youth and adult participants requires a referral and a prescribed service in the participant's plan of care from a prescribing provider as part of an office visit for evaluation and management. The prescribing provider must obtain prior authorization from MO HealthNet before the participant starts receiving services. A prescribing provider is defined as a physician or other licensed practitioner of healing arts within the scope of authorized practice under State law.

1. Service structure for youth participants.

A. Biopsychosocial Treatment of Obesity Youth Services include a six (6) month period of intervention that allows a maximum of four (4) hours of individual IBT and twenty-two (22) hours of group IBT for a total of twenty-six (26) hours of IBT and one (1) hour and forty-five (45) minutes of MNT.

B. Upon completion of the six (6) month period of services, the dietitian and behavioral health provider shall make recommendations to the prescribing provider regarding continuation of services based on the continuation criteria set forth by MO HealthNet. The prescribing provider shall make the final determination for the participant to continue with the services based on the participant meeting the continuation criteria and shall request prior authorization for the additional six (6) months of services.

C. Continuation Criteria for the youth participant months seven (7) through twelve (12) include the following:

(I) The youth participant must meet whichever is lesser of the three (3) youth benchmarks listed below, at the end of month six (6) of services—

(a) A decrease in their BMI chart percentile to less than the ninety-fifth (95th) percentile or five percent (5%) of body weight;

(b) The youth participants that had a BMI percentile at the beginning of treatment $>$ 99th percentile, shows a decrease of nine (9) units in percentage above the ninety-fifth (95th) percentile (as calculated by age and gender norms of the CDC BMI percentile curve); or

(c) Weight stabilization (defined as $\pm$0.5 BMI units); and

(II) If the youth participant does not meet the weight loss threshold, the prescribing provider shall perform the necessary lab work to rule out the presence of other conditions (e.g., endocrine disorders) that may complicate efforts to reduce weight, and if present, should request to continue with biopsychosocial treatment with medical treatment for the identified condition(s).

D. Continuation of Biopsychosocial Treatment of Obesity Youth services for months seven (7) through twelve (12) include an additional one (1) hour of individual IBT and two (2) hours of group IBT

for a maximum of three (3) hours of IBT; and an additional thirty (30) minutes of MNT.

E. Providers are able to structure the services in order to meet the individual needs of the participant within the maximum allowable service structure. The total annual limit for services for the youth participant is twenty-nine (29) hours for IBT and two (2) hours and fifteen (15) minutes for MNT.

2. Service structure for adult participants—

A. Biopsychosocial Treatment of Obesity Adult Services include a six (6) month period of intervention that allows a maximum of three (3) hours of individual behavior therapy and nine (9) hours of group behavior therapy for a total of twelve (12) hours of behavior therapy and one (1) hour forty-five (45) minutes of MNT;

B. Upon completion of the six (6) month period of services, the dietitian and behavioral health provider shall make recommendations to the prescribing provider regarding continuation of services based on the continuation criteria set forth by MO HealthNet. The prescribing provider shall make the final determination for the participant to continue with the services based on the participant meeting the continuation criteria and shall request prior authorization for the additional six (6) months of services;

C. Continuation Criteria for the adult participant months seven (7) through twelve (12) include the following:

(I) The adult participant must meet the adult benchmark of a reduction in body weight of five percent (5%) at the end of month six (6) of services; and

(II) If the adult participant does not meet the weight loss threshold, the prescribing provider shall perform the necessary lab work to rule out the presence of other conditions (e.g. endocrine disorders) that may complicate efforts to reduce weight, and if present, should request to continue with biopsychosocial treatment with medical treatment for the identified condition(s);

D. Continuation of Biopsychosocial Treatment of Obesity Adult services for months seven (7) through twelve (12) include an additional one (1) hour of individual IBT and two (2) hours of group IBT for a maximum of three (3) hours of IBT; and an additional thirty (30) minutes of MNT;

E. Providers are able to structure the services in order to meet the individual needs of the participant within the maximum allowable service structure. The total annual limit for services for the adult participants is fifteen (15) hours for behavior therapy and two (2) hours fifteen (15) minutes for medical nutritional therapy; and

F. If the participant does not notify the provider of absences and has missed two (2) or more sessions, th provider may reevaluate the need for further services.

(B) A participant that is unable to meet the continuation criteria for the additional six (6) months of Biopsychosocial Treatment of Obesity services has the option, after twelve (12) months, to re-enroll for services if the participant meets the established criteria and has an approved prior authorization.

(6) Documentation Requirements for Biopsychosocial Treatment of Obesity.

(A) The participant's treatment record shall contain the following documentation, at a minimum:

1. The referring provider's referral with approval from MO HealthNet for months one (1) through six (6) of services;

2. The medical nutritional assessment completed by the dietitian;

3. The initial behavioral assessment completed by the behavioral health provider;

4. Progress notes that include the following information from each visit:

A. A measured weight and calculated BMI for adult participants or BMI percentile for youth participants;

B. Progress the youth/parent/participant is making towards weight loss goals;

C. Challenges (social determinants) the participant is facing and proposed solutions;

D. Recommendations for treatment/care plans; and

E. Collaborative efforts between the providers delivering primary care, MNT, and IBT;

5. The documented evaluation by the dietitian, behavioral health provider, and referring provider at the end of six (6) months to determine the appropriateness for continuation of services. This should include documented progress towards weight loss goals, a desire to continue receiving services, and confirmation of met continuation criteria;

6. If applicable the referring provider's referral with approval from MO HealthNet for months seven (7) through twelve (12) of services;

7. Final evaluation at the end of the twelve (12) month period including documented metabolic, social, and behavior change endpoints and identified barriers to maintaining weight loss if the participant qualified for continuation of services; and

8. Once services are completed, the prescribing provider shall maintain a treatment record, incorporating recommendations provided by the dietitian and behavioral health provider as appropriate, which outlines how the participant will maintain the weight loss.

(B) The behavioral health provider and dietitian must complete a six (6) month evaluation and the final evaluation report detailing the amount of weight lost over the treatment period, progress with metabolic, social, and behavior change endpoints, challenges to maintaining weight loss, and any future recommendations for maintaining the weight loss in the context of identified challenges. Both evaluations shall be shared with the referring provider and will become part of the treatment record. The referring provider may incorporate these recommendations and considerations into ongoing care planning and patient management.

(7) Reimbursement Methodology.

(A) MO HealthNet provides reimbursement to enrolled providers providing biopsychosocial treatment of obesity for youth and adults and who are currently licensed, certified, and in good standing with the state.

(B) Reimbursement for services is made on a fee-for-services basis. The maximum allowable fee for a unit of service has been determined by MO HealthNet to be a reasonable fee, consistent with efficiency, economy, and quality of care. Payment for covered services is the lower of the provider's actual billed charge (should be the provider's usual and customary charge to the general public for the service), or the maximum allowable per unit of service. Reimbursement shall only be made for services authorized by MO HealthNet or its designee.

AUTHORITY: sections 208.201 and 660.017, RSMo 2016, and section 208.152, RSMo Supp. 2020. Original rule filed Aug. 27, 2020, effective March 30, 2021.*

**Original authority: 208.152, RSMo 1967, amended 1969, 1971, 1972, 1973, 1975, 1977, 1978, 1981, 1986, 1988, 1990, 1992, 1993, 2004, 2005, 2007, 2011, 2013, 2014, 2015, 2016, 2018; 208.201, RSMo 1987, amended 2007; and 660.017, RSMo 1993, amended 1995.*