





**OBESITY MANAGEMENT IN PRIMARY CARE TRAINING AND CERTIFICATE PROGRAM**



**Module 9 - PEARLS: Documentation, Billing, and Coding**

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**Goal of this Session**

Goal is to help you:

- Review clinical pearls from the webinar
- Application to practice case

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**PEARLS From the Module 8 Clinical Webinar**

1. Insurances do pay for the treatment of obesity, not all yet, but . . .
2. Coding doesn't have to be complicated and using known E&M coding is perfectly fine
3. Work with your billers and coders to determine if preventive codes are available
4. Consider assuring you are not leaving money on the table—code to the work you are doing

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**Application to Practice: Case Study**

**Assessment:**

- Obesity E66.8 A/E BMI of 38.395 and waist circumference 51"; stage 2 based on BMI and obesity-related complications
- E11.65 Diabetes A/E by HbA1c 6.8—treating with management of obesity and metformin and SGLT2 inhibitor; BS logs reviewed; FBS 86-92 mg/dL, 2-hour, PPG 126-158 mg/dL

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**Application to Practice: Case Study**

**Assessment:**

- I10.0 Hypertension, controlled A/E by BP today of 128/86—treating with management of obesity and medications (ACE inhibitor)
- F33.0 Depression in remission A/E by PHQ9 of 4—continuing the antidepressant vortioxetine
- E78.1 Hypertriglyceridemia (new onset) A/E by triglyceride of 230 mg/dL—treating with management of obesity, will monitor with repeat level in 6 months

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**Application to Practice: Case Study**

**Plan:**

- Patient here today for obesity appointment
- Education completed on mindful eating
- Reviewed patient food tracking and types of food eating
  - Patient has SMART goal of reducing fast food by 50%—number of trips would then be fewer than 6 a week
  - She will add lunch items to her Sunday shopping list and each evening will pack her lunch when she packs her children's school lunches
- Continue to monitor BS at home and at next visit bring home BP monitoring log
- Sent requests for medical records to previous provider to get previous labs
- Patient to be seen again in two weeks

**TIME:**  
 review of food log prior to visit and PHQ9 (10 minutes), visit at office (15 minutes), documentation (10 minutes), request for records (5 minutes); total time = 40 minutes

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**Application to Practice: Billing**

- Coding based on MDM
  - 99212
  - 99213
  - 99214
  - 99215

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**Application to Practice: Billing**

Coding based on MDM

99214 most likely

- **MDM as the prime determinant of level of service**
  - Number and complexity of problems addressed—patient has 5 significant issues
  - Amount and/or complexity of data reviewed and analyzed—only food log analyzed
  - Risk of complications and/or morbidity or mortality—has significant risks but nothing acutely
- **Number and complexity of problems addressed at the encounter**
  - The greater the number and complexity of problems addressed at the encounter, the higher the applicable level of decision-making. This ranges from straightforward to low, moderate, and high. Addressed all at this visit by reviewing BS log, today's BP, PHQ9—moderate most likely.
  - Several specific problem level options are listed—chronic illness
- **Amount and/or complexity of data to be reviewed and analyzed—limited complexity of data**

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- a) 99212
- b) 99213
- c) 99214
- d) 99215

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**Application to Practice: Billing**

- Coding based on time
  - 99213
  - 99214
  - 99215
  - 99215 99417 x 1

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**Application to Practice: Billing**

- Coding based on time
  - a) 99213
  - b) 99214
  - c) 99215
  - d) 99215 99417 x 1

**By TIME—40 minutes 99215**

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**Application to Practice: Case Study**

- Margaret is a 67-year-old with fee-for-service Medicare coverage
- She has obesity, T2DM, HTN, and osteoarthritis, BUT for IBT those will NOT be addressed at today's visit
- Chief Complaint: here for IBT based on initial BMI of 33 kg/m<sup>2</sup>
- Subjective: patient states she tracked food for past week and has been walking for five minutes each day; was able to increase vegetable servings to two times a day without any problems
- Objective:
  - Vital signs: BP 132/84; HR 88; RR 16; pO<sub>2</sub> 95%; Height 5'4"; Weight 190; BMI 32.61 kg/m<sup>2</sup>
  - Patient is alert and oriented, speaking in full sentences, respirations unlabored

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**Application to Practice: Case Study**

**Plan:**

- Fifteen minutes face-to-face spent with patient for IBT
- Assessed patient's food tracking and activity for the past week
  - Found patient increasing intake of processed foods on Wednesday and Sunday with new job at church
  - Advised patient on healthier choices
  - Patient agreed to try new options at church social events
- Assisted patient in creating new SMART goal: increase walks to 10 minutes 3 days a week (Tuesday, Thursday, and Saturday) and continue at 5 minutes the other days
- Arranged next IBT appointment in one week
- Fifteen minutes spent with patient

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**Application to Practice: Billing**

■ What is the appropriate E&M code?

- a) 99213
- b) 99214
- c) G0447
- d) G0473

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**Application to Practice: Billing**

■ What is the appropriate E&M code?

- a) 99213—no, this is IBT Medicare
- b) 99214—no, this is IBT Medicare
- c) G0447—yes
- d) G0473—no, this is IBT Medicare but for group visits

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**Application to Practice: Billing**

■ What are the appropriate ICD10 codes for this patient encounter (select all that apply)?

- a) E66.8
- b) Z68.33
- c) Z13.89
- d) Z71.3

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**Application to Practice: Billing**

- What are the appropriate ICD10 codes for this patient encounter (select all that apply)?
  - a) E66.8—no, can't use a disease code for Medicare IBT
  - b) Z68.33—yes, this is the BMI code for this patient
  - c) Z13.89—yes, did a smart goal for activity—this is exercise counseling
  - d) Z71.3—yes, reviewed food log and this is code for nutrition counseling

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*Thank you!*

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