Module 9 engagement worksheet

Documentation, Billing, and Coding

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OBESITY MANAGEMENT IN PRIMARY CARE CERTIFICATE PROGRAM:
A Practice Management & Leadership Training Program for PAs and NPs

Objectives

Summarize	Summarize evaluation and management codes to bill for office visits for obesity management.
Document	Properly document time in counseling and education to support using time for billing.
Identify	Identify additional services to maximize reimbursement for obesity management in primary care.

Summary of Evaluation and Management (E&M) Codes

Routine Billing

E&M coding of office visits

- New patients 99201-205
- Existing patients 99211-215
- Nothing different than usual
  - History
  - Physical exam
  - Medical decision-making

Centers for Medicare & Medicaid Services. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/97Docguidelines.pdf. Accessed August 12, 2021.

Medical Decision-making in 2021

- Number and complexity of problems addressed
  - Increased number and/or complexity associated with higher level of decision-making
  - Ranges from straightforward to low, moderate, and high
- Amount and/or complexity of data reviewed and analyzed
- Risk of complications and/or morbidity or mortality

Time in 2021

May include all related activities on the day of encounter

Examples (not all inclusive):

- Preparing to see the patient (eg, review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring to and communicating with other healthcare professionals (when not separately reported)
- Documenting clinical information in the electronic or other health record

Time in 2021 (cont'd)

New Patient	Total Time	Established Patient	Total Time
99201	Deleted	99211	
99202	15 - 29 minutes	99212	10 - 19 minutes
99203	30 - 44 minutes	99213	20 - 29 minutes
99204	45 - 59 minutes	99214	30 - 39 minutes
99205	60 - 74 minutes	99215	40 - 54 minutes

For prolonged services, use 99417 for 15 minutes (>75 minutes new patient, >55 minutes established patient)

Documentation of Time

- Best practice – start and stop for each component
- 99215
  - 9:05-9:10 reviewed labs and patient food logs prior to visit
  - 9:10-9:40 patient in room for visit and education
  - 9:40-9:50 completed clinical information, ordered lab tests, and medication refill
  - 45 minutes total spent

Codes

Polling Question

Which of the following codes could imply bias around obesity?

A. E66.2 Severe obesity with alveolar hypoventilation

B. E66.0 Obesity due to excess calories

C. E66.1 Drug-induced obesity

D. E66.8 Obesity, unspecified

Obesity Codes

Practice Pearl:

With so many complications and comorbidities, I rarely use the BMI, except if using counseling codes with E&M

Code	Explanation
E66.0	Obesity due to excess calories*
E66.01	Morbid or severe obesity due to excess calories*
E66.1	Drug-induced obesity
E66.2	Morbid or severe obesity with alveolar hypoventilation
E66.3	Overweight
E66.8	**Obesity, other**
E66.9	Obesity, unspecified

Code (ex)	Body Mass Index (BMI)
Z68.30	30.0-30.9kg/m^2
Z68.34	34.0-34.9kg/m^2
Z68.38	38.0-38.9kg/m^2
Z68.43	50.0-59.9kg/m^2 (changes after BMI 40)

https://www.icd10data.com/. Accessed August 12, 2021.

Other Codes

Screening	
Z13.1	Encounter for screening for diabetes mellitus
Z13.2	Encounter for metabolic and other endocrine disorders
Z13.21	Encounter for screening for nutritional disorder
Z13.29	Encounter for screening for other suspected endocrine disorder (includes thyroid disorder)
Z13.228	Encounter for screening for lipoid disorders

Counseling	
Z71.89	Other specified counseling - exercise counseling
Z71.3	Dietary counseling and surveillance

Documenting Time Properly

Example Charting

Assessment:

- Obesity E66.8 A/E BMI of 38.4 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, metformin, and SGLT2
- 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 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

Plan:

- Patient here today for obesity appointment
- Education completed on the disease of obesity
- 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 less than 6 a week
- Sent requests for medical records to previous provider to get previous labs
- Patient to be seen again in two weeks

Time:

- Review of food logs 9:00am-9:10am
- Time with patient at visit 11:00am-11:20am
- Documentation and POC sent to patient 6:00pm-6:10pm
- Requests sent for medical records 6:10pm-6:15pm
- Total time: 45 minutes

ACE, angiotensin-converting enzyme; BP, blood pressure; PHQ9, Patient Health Questionnaire-9; SGLT2, sodium-glucose cotransporter-2.

Identifying Additional Services

Example

99215

- E66.8 Obesity
- E11.65 Diabetes
- I10.0 Hypertension
- F33.0 Depression
- E78.1 Hypertriglyceridemia
- Z71.3 Dietary Counseling and Surveillance

REFERENCE ONLY

Miscellaneous Things to Consider

IBT for Obesity Coding as a Non-preventative Service

Private insurers: perhaps opted out, already used, grandfather program (25%

- Bill a 99212, 99213, or 99214 for the visit using an obesity diagnosis and the complications of obesity that you addressed
  - E66.XX depending on obesity diagnosis
- THEN modifier 25 (or for some insurers, modifier 33)
  - Now add your counseling code: 99401, 99402, 99403, or 99404 each visit with 15, 30, 45, or 60 minutes
  - Add the BMI as the diagnosis and what you performed for counseling Z71.xx & Z68.xx codes
- CHECK WITH YOUR BILLERS

Example

99214

- E66.8 Obesity
- E11.65 Diabetes
- I10.0 Hypertension
- F33.0 Depression
- E78.1 Hypertriglyceridemia

Modifier 25 (if insurance has intensive behavior therapy (IBT)/ counseling available)

99401

- Z68.33
- Z71.3

Chronic Care Management

- CPT 99490, CPT 99487, CPT 99489
- Clinical staff time directed by a physician or other qualified healthcare professional, per calendar month, with the following required elements:
  - Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient
  - Chronic conditions place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline
  - Comprehensive care plan established, implemented, revised, or monitored
  - Assumes XX minutes of work by the billing practitioner per month

Orb Health. https://orbhealth.com/2020-cms-code-updates-chronic-care-management-ccm/ Accessed August 13, 2021. Centers for Medicare & Medicaid Services. https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/chroniccaremanagement.pdf Accessed August 13, 2021.

Remote Patient Monitoring (RPM)

- CPT 99453, 99454, 99457, and 99458
- Use of digital technologies to monitor and capture medical/health data from patients and electronically transmit the information to their providers for assessment, recommendations, and instructions
- Payment for initial patient enrollment into an RPM program, and then a monthly base payment for management of the device and patient readings; 20 minutes of care management
- RPM can earn fees for a practice up to ~$210 per month, but more likely $120
- RPM is not only payable by Medicare, but also 23 state Medicaid programs and numerous commercial payers
- AMA has many new codes related to RPM as well
  - 99473 and 99474 – self-reported blood pressure monitoring

Department of Health and Human Services. https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-24170.pdf Accessed August 13, 2021. Medical Economics. https://www.medicaleconomics.com/view/the-latest-on-remote-patient-monitoring-developments-and-opportunities-for-physicians Accessed August 13, 2021. mHealth Intelligence. https://mhealthintelligence.com/news/ama-supports-remote-patient-monitoring-telehealth-in-2020-cpt-codes Accessed August 13, 2021.

Medicare Only

- Does not cover obesity for medical management as primary insurance
- Does cover surgical management
- With Medicare Advantage, some pay medical management

Definition of IBT for Obesity

- Screening for obesity in adults using measurement of BMI
- Dietary (nutritional) assessment
- Intensive behavioral counseling and behavioral therapy to promote sustained weight loss through high intensity interventions on diet and exercise

Department of Health and Human Services. Centers for Medicare & Medicaid. IBT for Obesity. ICN 907800. January 2014.

Polling Question

What are the 5 As of Medicare Intensive Behavioral Therapy?

A. Assess, Advise, Agree, Assist, Arrange

B. Accomplish, Act, Adapt, Address, Analyze

C. Answer, Anticipate, Appeal, Apply, Appraise

D. Assess, Ask, Accept, Accommodate, Accompany

Intensive Behavioral Therapy – 5As

Assess	Ask about behavioral risks and factors affecting choice of behavior change goals or methods
Advise	Give clear, specific, and personalized behavior change advice, including information about personal health harms and benefits
Agree	Collaboratively select appropriate treatment goals and methods based on the beneficiary's interest in, and willingness to, change behavior
Assist	Using behavior change techniques (self-help and/or counseling), aid the beneficiary in achieving agreed-upon goals by acquiring the skills, confidence, and social or environmental supports for behavior change, supplemented with adjunctive medical treatments when appropriate
Arrange	Schedule follow-up contacts to provide ongoing assistance or support and to adjust the treatment plan as needed

IBT for Medicare

Medicare fee-for-service programs will waive the co-pay on the counseling component of coverage (G0447)

- Viewed as a preventative service
- No co-insurance and no Medicare part B deductible for IBT for obesity provided that the provider accepts Medicare assignment

Department of Health and Human Services. Centers for Medicare & Medicaid. IBT for Obesity. ICN 907800. January 2014.

Office Visit Frequency Reimbursement Schedule Established by Medicare

- One face-to-face visit every week for the first month
- One face-to-face visit every other week for months 2-6
- One face-to-face visit every month for months 7-12, if the beneficiary meets the 3 kg weight loss requirement during the first 6 months
  - Total of 22 visits
  - Repeat of benefits annually
- Limited to outpatient and specific providers – primary care providers

Documentation Required for IBT

- Document BMI and weight changes over multiple visits (beginning at 6 month as a minimum)
- Code G0447 is for face-to-face behavioral counseling for obesity (15 minutes) individual
  - Document BMI Z68.XX
  - Document Z counseling code(s) Z71.X
- Can be done in groups up to 10 people
  - Code is G0473 (30 minutes)
  - For more information, review the Electronic Code of Federal Regulations. Title 42: Public Health. Part 410: Supplementary Medical Insurance Benefits; Subpart B: Medical and Other Health Services
    - https://www.ecfr.gov/cgi-bin/text-idx?SID=21d56c5acb0a61e6455127609a642c2a&mc=true&node=se42.2.410_126&rgn=div8

Documentation and Billing Example: Medicare

Documentation example in the follow-up visit plan of care:

- Chief complaint: here for IBT based on initial BMI of 33 kg/m^2
- Subjective:
  - Patient states he tracked food for past week and has been walking for 5 minutes each day
  - Patient was able to increase vegetable servings to two times a day without any problems

Assessment: BMI 33 kg/m^2

Plan:

- 15 minutes face-to-face spent with patient for IBT
- Reviewed patient's food tracking and activity for the past week
  - 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.
- Patient will increase walks to 10 minutes 3 days a week and continue at 5 minutes the other days
- Next IBT appointment in one week
- 15 minutes spent with patient

Bill:

- G0447
- Z68.33
- Z13.89
- Z71.3

Coding When Preventative Services Available in Insurance (Reference Only)

Preventative Services Coverage

- Obesity management/counseling visits could be billed as preventative service instead of medical services
  - Reimbursements are ~20%-35% greater
  - Patient does not have a co-pay with 90% of private insurers
- Need to verify preventative services coverage beforehand (or will have to re-submit if denied ☹ - time consuming)

Preventative Services Coverage: Coding

- First visit 9938X (based on patient's age) – remember these are NOT just obesity so could have used this for patient already (eg, well woman visit)
- Code follow-up visits as 9939X ("X "is 5, 6, or 7 depending on the patient's age) – these are in the limit of 20 – but again not obesity limited, so could be used for other reasons
- **Must use a Z code**
  - Some examples include Z13.89 (screening for obesity); Z72.4 (inappropriate diet and eating); Z13.9 (screening unspecified); Z00.8 (general medical exam); Z71.89(exercise counseling); Z71.3 (dietary surveillance and counseling)
- Some plans also code 9940X counseling codes
- Do not code obesity!!!! E66.8 or morbid obesity E66.01 due to excess calories when billing as a preventative service!
- Must also code the Z68.xx with the xx corresponding to the BMI (eg, BMI 33 kg/m^2 Z68.33)

Billing Follow-up: 38-year-old BMI 35 kg/m^2

- 99395 – Preventative care follow-up
- Z68.35 – BMI 35 kg/m^2
- Z72.4 – Inappropriate eating
- Z71.3 – Counseling dietary
- Z71.89 – Counseling exercise

Need to ensure documentation identifies all the Z-coded items were completed

Billing Follow-up: 38-year-old BMI 35 kg/m^2 (cont'd)

- 99213 – established patient – time: spent 35 minutes with patient
  - E66.8 – Obesity other
  - E11 – Type 2 diabetes
  - I10 – Essential hypertension
- 99401 – 15 minutes counseling specific to:
  - Z68.35 – BMI 35 kg/m^2
  - Z72.4 – Inappropriate eating
  - Z71.3 – Counseling dietary
  - Z71.89 – Counseling exercise

Documentation Sample

Assessment:

- Obesity E66.8 A/E BMI of 33kg/m^2 and waist circumference 46"
- T2DM E11 A/E by HbA1c 6.6 – will treat by continuing current oral medications as none are obesogenic, discussing nutrition, and treating obesity
- HTN I10 – controlled A/E; BP 124/68 – will consider changing to ACE inhibitor as patient is on propranolol (which could be contributing to weight) at next visit

Plan:

- Patient gave permission to discuss his weight and stated that his whole family has always had problems with weight, a he would very much like to work on his weight
- He has one week of tracking in MyFitnessPal™, and this was reviewed at today's visit
- Currently he is eating fast food 15 times a week
- Patient instructions: track all food consumed, contracted to decrease fast food eating to 10 times a week by packing lunch from home with salad and chicken breast, start wearing pedometer to identify number of daily steps, and agree to park at the back of the lot at work next week
- Follow-up appointment next week

T2DM, type 2 diabetes mellitus; HTN, hypertension.

Applying Billing and Coding Using Obesity Case Scenarios

Thank you to Amy for the case studies

Case 1

Visit Type: New Patient

Chief Complaint: Establish care for management of obesity and metabolic syndrome

Medication: Naltrexone/bupropion XL 2 tablets/day, escitalopram 20 mg, rosuvastatin 10 mg

Vitals: BP 142/100 mmHg, Pulse 70 bpm, BMI 41.8 kg/m^2, Height 5'3", Weight 236 lbs

HPI: 46-year-old female with PMH of stage III obesity, prediabetes, HTN, hyperlipidemia, situational depression, generalized anxiety, and metabolic syndrome, referred from PCP for further optimization of BMI and metabolic health. She reports being tearful at times and struggling with motivation due to stressors of COVID-19.

Most Recent Labs 12/1/2020:

- HbA1c 5.8, TG 180 mg/dL, HDL 39 mg/dL, renal function WNL, liver enzymes WNL, 25-OH vitamin D 22 ng/mL, fasting insulin 40 mIU/mL, glucose 141 mg/dL

Focused ROS:

- Fatigue
- Snoring
- Lack of motivation

Focused PE:

- Alert and oriented female, tearful
- Neck circumference increased
- Skin tags noted on axilla

HDL, high-density lipoprotein; HPI, history of present illness; PCP, primary care provider; PE, physical exam; PMH, past medical history; ROS, review of symptoms; TG, triglycerides; WNL, within normal limits.

Plan/Assessment:

Abnormal Weight Gain: new

- Multifactorial
- Need to evaluate for OSA
- Impacted by insulin resistance, pre-diabetes
- No significantly obesogenic medications
- Reviewed that 40-70% of weight set point impacted by genetics and how genetics interact with environmental factors

Depression: Uncontrolled

- Not optimized
- Denies SI/HI
- No family history of bipolar disorder
- Adjust SSRI to alternate 20 mg/10 mg; reviewed to take daily without skipping dose
- Directly impacts care plan for optimization of obesity

Stage III obesity with BMI 41.8 kg/m^2 and ORC: not to goal

- Obesity management not to goal with current BMI 41.8 kg/m^2, triglycerides 180 mg/dL, HDL at 39 mg/dL, HbA1c 5.8, and WC 36 inches
- Starting goal for BMI for individual is 10% weight reduction of 24 lbs
- Goal for metabolic labs: TG <150 mg/dL, HDL >40 mg/dL, HbA1c <5.7, HOMA IR <2 (needing lab orders), WC <35 inches
- Continue naltrexone/bupropion XL at 2 tablets; impacts dosing of SSRI

HOMA, homeostatic model assessment for insulin resistance; ORC, obesity-related complications; OSA, obstructive sleep apnea; SI/HI, suicidal or homicidal ideation; SSRI, selective serotonin reuptake inhibitor; WC, waist circumference.

Plan/Assessment:

Snoring: new

- Will need evaluation for sleep apnea in future as directly impacts hunger hormones
- Reviewed briefly with patient to "plant the seed" for the referral, but will not be initiated today as to not overwhelm

Metabolic Syndrome: not to goal

- Directly impacts care plan of optimization of BMI and management of obesity

Prediabetes: not to goal

- Most recent labs reviewed showing HbA1c 6.1
- HOMA IR calculated, HOMA IR 13.9
- Will optimize metformin dosing
- May benefit from GLP-1 RA
- Impacts lifestyle optimization

HTN: uncontrolled

- Records reviewed and show BP elevated at PCP
- Peer to peer with PCP completed, patient will see him tomorrow for follow-up on initiation of BP management
- Will monitor BP closely; as BP improves and BMI lowers, medication adjustments may be needed

GLP-1 RA, glucagon-like peptide-1 receptor agonist.

Medical Decision Making

- Number and complexity of problems addressed
- Amount and/or complexity of data to be reviewed/analyzed
- Risk of complications and/or morbidity or mortality of patient management

2 out of 3 elements for MDM

CASE 1:

Step 1: Number and Complexity of Problems Addressed

Code	Level of MDM	Number and Complexity of Problems Addressed
99202 99212	Straightforward	**Minimal** ❑ 1 self-limited or minor problems
99203 99212	Low	**Low** ❑ 2 or more self-limited or minor problems OR ❑ 1 stable chronic illness OR ❑ 1 acute, uncomplicated illness or injury
99204 99214	Moderate	**Moderate** ❑ 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; OR ❑ 2 or more stable chronic illnesses; OR ❑ 1 undiagnosed new problem with uncertain prognosis; OR ❑ 1 acute illness with systemic symptoms; OR ❑ 1 acute complicate
99205 99215	High	**High** ❑ 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or ❑ 1 acute or chronic illness or injury that poses a threat to life or bodily function

Step One
What are you coding this?

Step 2: Amount and/or Complexity of Data to be Reviewed and Analyzed

Code	Level of MDM	Amount and/or Complexity of Data to be Reviewed or Analyzed
99202 99212	Straightforward	**Minimal** or None
99203 99212	Low	**Limited** (Must meet the requirements of at least 1 of the 2 categories) **Category 1: Tests and documents** Any combination of 2 from the following: ❑ Review of prior external note(s) from each unique source*; ❑ Review of the result(s) of each unique test* ❑ Ordering of each unique test **OR** **Category 2:** ❑ Assessment requiring an independent historian

Step 2: Amount and/or Complexity of Data to be Reviewed or Analyzed

Code	Level of MDM	Amount and/or Complexity of Data to be Reviewed or Analyzed
99204 99214	Moderate	**Moderate** (Must meet the requirements of at least 1 out of 3 categories) **Category 1** Tests, documents, or independent historian(s) Any combination of 3 from the following: ❑ Review of prior external note(s) from each unique source*; ❑ Review of the result(s) of each unique test*; ❑ Ordering of each unique test*; ❑ Assessment requiring an independent historian **OR** **Category 2: Independent interpretation of tests** ❑ Independent interpretation of a test performed by another physician/other qualified healthcare professional (not separately reported); **OR** **Category 3: Discussion of management of test interpretation** ❑ Discussion of management or test interpretation with external physician/other qualified healthcare professional\appropriate source (not separately reported)

Step 2: Amount and/or Complexity of Data to be Reviewed or Analyzed

Code	Level of MDM	Amount and/or Complexity of Data to be Reviewed or Analyzed
99205 99215	High	Extensive (Must meet the requirements of at least 2 out of 3 categories) **Category 1** Tests, documents, or independent historian(s) Any combination of 3 from the following: ❑ Review of prior external note(s) from each unique source*; ❑ Review of the result(s) of each unique test*; ❑ Ordering of each unique test*; ❑ Assessment requiring an independent historian **OR** **Category 2: Independent interpretation of tests** ❑ Independent interpretation of a test performed by another physician/other qualified healthcare professional (not separately reported); **OR** **Category 3: Discussion of management of test interpretation** ❑ Discussion of management or test interpretation with external physician/other qualified healthcare professional\appropriate source (not separately reported)

Step 2 what did you code?

Step 3: Risk of Complications and/or Morbidity or Mortality of Patient Management

Code	Level of MDM	Number and Complexity of Problems Addressed
99202 99212	Straightforward	**Minimal risk of morbidity from additional diagnostic testing or treatment**
99203 99212	Low	**Low risk of morbidity from additional diagnostic testing or treatment**
99204 99214	Moderate	**Moderate risk of morbidity from additional diagnostic testing or treatment** *Examples only:* ❑ Prescription drug management ❑ Decision regarding minor surgery with identified patient or procedure risk factors ❑ Decision regarding elective major surgery without identified patient or procedure risk factors ❑ Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	**High risk of morbidity from additional diagnostic testing or treatment** *Examples Only:* ❑ Drug therapy requiring intensive monitoring for toxicity ❑ Decision regarding elective major surgery with identified patient or procedure risk factors ❑ Decision regarding emergency major surgery ❑ Decision regarding hospitalization ❑ Decision not to resuscitate or to de-escalate care because of poor prognosis

Step 3 coding

Based on MDM what could you code for this patient?

Total time spent on date of encounter was 90 minutes, including preparing to see patient (review of tests), obtaining/reviewing intake form, performing medical evaluation, counseling and education, ordering test/medication, and documenting of clinical information.

- Preparing to see the patient (eg, review of tests): **10 minutes** reviewing intake form (7:50-8:00am)
- Obtaining and/or reviewing separately obtained history: **10 minutes** reviewing past records (8:00-8:10am)
- Performing a medically appropriate examination and/or evaluation/counseling and educating the patient/ family/caregiver: **40 minutes face to face** (8:30-9:10am)
- Ordering medications, tests, or procedures: **5 minutes** (12:10-12:15pm)
- Referring and communicating with other healthcare professionals (when not separately reported): **10 minutes** (12:00-12:10pm)
- Documenting clinical information in the electronic or other health record: **15 minutes** (4:30-4:45pm)

Time Based

Prolonged Service Code

Prolonged Service Code - 99417

- Less than 75 minutes: Not reported separately
- 89 minutes: 99205 X 1 and 99417 X 1
- 104 minutes 99205 X 1 and 99417 X 2

In order to bill 99417, the entire 15 minutes will need to be completed/used.

Remember, pending payer will impact billing of prolonged service code.

Time Based

CODES	MINUTES	PAYER
99205	60-74	All
99205 + 99417	89	Non-Medicare Payers
99205 + G2212	89-103	Medicare and Payers Adopting Medicare Guidelines
99215	40-54	All
99215 + 99417	69	Non-Medicare Payers
99215 + G2212	83	Medicare and Payers Adopting Medicare Guidelines

Based on Time what could you code for this patient with private insurance?

Would you code MDM or Time for this patient?

Case 2

Case 2

Visit Type: New Patient

Chief Complaint: Establish care for abnormal weight gain and obesity

Medication: metformin 500 mg oral tablet – one po bid, duloxetine HCL – 90 mg nightly, semaglutide 3 mg

Vitals: Height 5 ft 0 ins, Weight 226 lbs, BMI 44.13 kg/m^2, BP 128/77 mmHg, Pulse 76 bpm

HPI

52-year-old female with PMH prediabetes, major depressive disorder, generalized anxiety, PVCs, metabolic syndrome, and class III obesity

Reports increase in weight gain during surgical menopause following total hysterectomy in 2017

Reports she became depressed and so anxious she would burst out crying at any given time or place

Reports significant weight gain and admits struggling with emotional eating

Works closely with patients with COVID-19 patients and states she never anticipated to be witness to so much devastation at once

States she is no stranger to death, as she was a trauma tech for over 12 years, but COVID-19 was different and overwhelming

States "I've been the person standing in their room at their side because no one was allowed in, and many times it was too late when family finally got there (in special circumstances)

History weight reduction with lifestyle changes, but always has regained

Gastric sleeve in 2016 with weight prior to the procedure 213 lbs, and her lowest weight after the procedure at 165 lbs

Reports she is currently at her highest weight

PVC, premature ventricular contractions.

Most Recent Labs : 3/2/2021

- Fasting insulin 27 uIU/mL
- TC 211 mg/dL
- TG 138 mg/dL
- HDL 63 mg/dL
- HbA1c 5.7
- Vitamin D 38.5 ng/dL
- Glucose 87 mg/dL
- Renal function WNL
- HOMA IR calculated 5.8

Focused ROS

- Lack of motivation
- Fatigue
- Weight gain

Focused PE

- Alert and oriented female, tearful
- Neck circumference increased
- Acanthus Nigricans
- Adult acne

TC, total cholesterol.

Plan/Assessment

Generalized Anxiety Disorder (GAD)/Depression: not to goal

- Currently struggling with feeling unmotivated and no desire to leave the house
- States this last year working as an ER tech and the number of deaths was overwhelming
- No family history of bipolar disorder; duloxetine only treatment; denies SI/HI
- Will reduce duloxetine to 60 mg, add on sertraline 25 mg x 1 week, then reduce duloxetine to 30 mg and increase sertraline to 50 mg
- Follow up weekly during medication adjustments
- Recommend she reaches out to look at what resources her work is providing for counseling support
- Directly impacts care plan for optimization of BMI and metabolic health as it impacts ability to make lifestyle changes

Stage III Obesity with BMI and ORC: not to goal

- Obesity management not to goal with current BMI at 44.3 kg/m^2, HbA1c 5.7
- Starting goal for BMI for individual is 10% weight reduction of 23 lbs; goal for metabolic labs: HbA1c <5.7, HOMA IR <2, WC <35 inches
- Labs: reviewed from 3/2021
- Anti-obesity medication (AOM): purpose of medication management is to treat the disease of obesity and facilitate the management of eating behavior, as well as slow the progression of weight gain and regain
- On GLP-1 for prediabetes; will optimize for BMI and HbA1c reduction
- ORC: prediabetes
- Specialist referral: will likely need OSA evaluation, will follow up at future office visit
  - Reviewed information on lifestyle optimization with elevated BMI and prediabetes
  - Handouts shared on meal planning

Plan/Assessment

Metabolic Syndrome: not to goal

- Directly impacts care plan of optimization of BMI and management of obesity
- Labs reviewed; records reviewed

Prediabetes: not to goal

- Labs reviewed: HbA1c 5.7, HOMA IR 5.8
- PCP records reviewed: recent discontinuation of exenatide and adjusted to semaglutide 3 mg; started semaglutide on March 3 – reminded her to take on an empty stomach; currently on 3 mg and will increase to 7 mg after 30 days
- Recommend optimizing dosing to 14 mg for primary and secondary endpoint goals; impacts AOM options
- May optimize metformin dosing
- Goal Hba1c <5.7, HOMA IR <2

PVCs: asymptomatic

- Records from cardiology reviewed; history of benign PVC
- No contraindication to AOMs

CASE 2:

Step 1: Number and Complexity of Problems Addressed

Code	Level of MDM	Number and Complexity of Problems Addressed
99202 99212	Straightforward	**Minimal** ❑ 1 self-limited or minor problems
99203 99212	Low	**Low** ❑ 2 or more self-limited or minor problems OR ❑ 1 stable chronic illness OR ❑ 1 acute, uncomplicated illness or injury
99204 99214	Moderate	**Moderate** ❑ 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; OR ❑ 2 or more stable chronic illnesses; OR ❑ 1 undiagnosed new problem with uncertain prognosis; OR ❑ 1 acute illness with systemic symptoms; OR ❑ 1 acute complicate
99205 99215	High	**High** ❑ 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or ❑ 1 acute or chronic illness or injury that poses a threat to life or bodily function

Step 1 coding

Step 2: Amount and/or Complexity of Data to be Reviewed and Analyzed

Code	Level of MDM	Amount and/or Complexity of Data to be Reviewed or Analyzed
99202 99212	Straightforward	**Minimal** or None
99203 99212	Low	**Limited** (Must meet the requirements of at least 1 of the 2 categories) **Category 1: Tests and documents** **Any combination of 2 from the following:** ❑ Review of prior external note(s) from each unique source*; ❑ Review of the result(s) of each unique test* ❑ Ordering of each unique test **OR** **Category 2:** ❑ Assessment requiring an independent historian

Step 2: Amount and/or Complexity of Data to be Reviewed or Analyzed

Code	Level of MDM	Amount and/or Complexity of Data to be Reviewed or Analyzed
99204 99214	Moderate	**Moderate** (Must meet the requirements of at least 1 out of 3 categories) **Category 1** Tests, documents, or independent historian(s) Any combination of 3 from the following: ❑ Review of prior external note(s) from each unique source*; ❑ Review of the result(s) of each unique test*; ❑ Ordering of each unique test*; ❑ Assessment requiring an independent historian **OR** **Category 2: Independent interpretation of tests** ❑ Independent interpretation of a test performed by another physician/other qualified healthcare professional (not separately reported); **OR** **Category 3: Discussion of management of test interpretation** ❑ Discussion of management or test interpretation with external physician/other qualified healthcare professional\appropriate source (not separately reported)

Step 2: Amount and/or Complexity of Data to be Reviewed or Analyzed

Code	Level of MDM	Amount and/or Complexity of Data to be Reviewed or Analyzed
99205 99215	High	Extensive (Must meet the requirements of at least 2 out of 3 categories) **Category 1** Tests, documents, or independent historian(s) Any combination of 3 from the following: ❑ Review of prior external note(s) from each unique source*; ❑ Review of the result(s) of each unique test*; ❑ Ordering of each unique test*; ❑ Assessment requiring an independent historian **OR** **Category 2: Independent interpretation of tests** ❑ Independent interpretation of a test performed by another physician/other qualified healthcare professional (not separately reported); **OR** **Category 3: Discussion of management of test interpretation** ❑ Discussion of management or test interpretation with external physician/other qualified healthcare professional\appropriate source (not separately reported)

Step 2 coding

Step 3: Risk of Complications and/or Morbidity or Mortality of Patient Management

Code	Level of MDM	Number and Complexity of Problems Addressed
99202 99212	Straightforward	**Minimal risk of morbidity from additional diagnostic testing or treatment**
99203 99212	Low	**Low risk of morbidity from additional diagnostic testing or treatment**
99204 99214	Moderate	**Moderate risk of morbidity from additional diagnostic testing or treatment** *Examples only:* ❑ Prescription drug management ❑ Decision regarding minor surgery with identified patient or procedure risk factors ❑ Decision regarding elective major surgery without identified patient or procedure risk factors ❑ Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	**High risk of morbidity from additional diagnostic testing or treatment** *Examples Only:* ❑ Drug therapy requiring intensive monitoring for toxicity ❑ Decision regarding elective major surgery with identified patient or procedure risk factors ❑ Decision regarding emergency major surgery ❑ Decision regarding hospitalization ❑ Decision not to resuscitate or to de-escalate care because of poor prognosis

Step 3 coding

Based on MDM what could you code for this patient?

Total time spent on date of encounter was 58 minutes, including preparing to see patient (review of tests), obtaining/reviewing intake form, performing medical evaluation, counseling and education, ordering tests/medication, and documenting of clinical information.

- Preparing to see the patient (eg, review of tests, reviewing intake form): **10 minutes** (7:30-7:40am)
- Obtaining and/or reviewing separately obtained history: **10 minutes** reviewing past records (7:40-7:50am)
- Performing a medically appropriate examination and/or evaluation/counseling and educating the patient/family/caregiver: **25 minutes** face to face (11:00-11:25am)
- Ordering medications, tests, or procedures: **5 minutes** (12:10-12:15pm)
- Documenting clinical information in the electronic or other health record: **8 minutes** (4:30-4:38pm)

Based on Time what could you code for this patient with private insurance?

Would you code MDM or Time for this patient?

CASE 3

Case 3

Visit Type: Follow up, established patient

Chief Complaint: Follow up on medication changes

Medication: Metformin 500 mg oral tablet – one po bid, duloxetine HCL - 30 mg nightly, sertraline 50 mg, semaglutide 7 mg

Vitals: Height 5 ft 0 in, Weight 225 lbs, BMI 43.96 kg/m^2, BP 128/78 mmHg, Pulse 72 bpm

HPI

52-year-old female with PMH of prediabetes, major depressive disorder, generalized anxiety, PVCs, metabolic syndrome, and class III obesity returns for follow-up on medication changes and continued comprehensive care plan for abnormal weight gain and excessive adiposity

Motivated to continue focusing on a comprehensive care plan to combat elevated BMI and adiposity related complications

States mood has already improved and no side effects (SEs) to medication changes

Has an appointment with the counseling support provided through work this week

States increase in motivation and “feeling happier”

Completed PHQ9 and Mood Disorder Questionnaire (MDQ) and here to review results

Plan/Assessment

GAD/Depression: improving, not to goal

- Struggling with feeling unmotivated and has no desire to leave the house; this has improved with start of sertraline
- Denies SI/HI
- MDQ (negative) and PHQ9 reviewed (moderate)
- Reduced duloxetine to 30 mg and taking 50 mg of sertraline; will discontinue duloxetine next week and continue sertraline and reach out if any SEs via patient portal
- Goal is normal PHQ9 and improvement in symptoms

Stage III Obesity with BMI and ORC: improved, not to goal

- Obesity management not to goal with current BMI
- Starting goal for BMI for individual is 10% weight reduction of 23 lbs (203 lbs)
- Goal metabolic labs to be: HbA1c <5.7, HOMA IR <2, WC <35 in
- Labs: reviewed from 3/2021, due in June
- AOM: the purpose of medication management is to treat the disease of obesity and facilitate the management of eating behavior, as well as slow the progression of weight gain and regain
- On GLP-1 for prediabetes; will optimize for BMI and HbA1c reduction; just started semaglutide 7 mg, no SEs, tolerating well, discussed with PCP and will take over treatment
- ORC: prediabetes
- Specialist referral: will likely need OSA evaluation, will follow up at future office visit

Metabolic Syndrome: not to goal

- Directly impacts care plan of optimization of BMI and management of obesity
- Labs reviewed; records reviewed
- Confirmed she received and reviewed handout on reduced carbohydrates and whole food nutrition

Prediabetes: not to Goal

- Continue semaglutide 7 mg and after 30 days, optimize dose to 14 mg for primary and secondary endpoint goals; reviewed off-label use and patient states understanding; impacts AOM options
- May optimize metformin dosing; will wait as currently making medication adjustments
- Goal HbA1c <5.7; goal HOMA IR <2

CASE 2:

Step 1: Number and Complexity of Problems Addressed

Code	Level of MDM	Number and Complexity of Problems Addressed
99202 99212	Straightforward	**Minimal** ❑ 1 self-limited or minor problems
99203 99212	Low	**Low** ❑ 2 or more self-limited or minor problems OR ❑ 1 stable chronic illness OR ❑ 1 acute, uncomplicated illness or injury
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99205 99215	High	**High** ❑ 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or ❑ 1 acute or chronic illness or injury that poses a threat to life or bodily function

Step 1 coding

Step 2: Amount and/or Complexity of Data to be Reviewed and Analyzed

Code	Level of MDM	Amount and/or Complexity of Data to be Reviewed or Analyzed
99202 99212	Straightforward	**Minimal** or None
99203 99212	Low	**Limited** (Must meet the requirements of at least 1 of the 2 categories) **Category 1: Tests and documents** Any combination of 2 from the following: ❑ Review of prior external note(s) from each unique source*; ❑ Review of the result(s) of each unique test* ❑ Ordering of each unique test **OR** **Category 2:** ❑ Assessment requiring an independent historian

Step 2: Amount and/or Complexity of Data to be Reviewed or Analyzed

Code	Level of MDM	Amount and/or Complexity of Data to be Reviewed or Analyzed
99204 99214	Moderate	**Moderate** (Must meet the requirements of at least 1 out of 3 categories) **Category 1** Tests, documents, or independent historian(s) Any combination of 3 from the following: ❑ Review of prior external note(s) from each unique source*; ❑ Review of the result(s) of each unique test*; ❑ Ordering of each unique test*; ❑ Assessment requiring an independent historian **OR** **Category 2: Independent interpretation of tests** ❑ Independent interpretation of a test performed by another physician/other qualified healthcare professional (not separately reported); **OR** **Category 3: Discussion of management of test interpretation** ❑ Discussion of management or test interpretation with external physician/other qualified healthcare professional\appropriate source (not separately reported)

Step 2: Amount and/or Complexity of Data to be Reviewed or Analyzed

Code	Level of MDM	Amount and/or Complexity of Data to be Reviewed or Analyzed
99205 99215	High	Extensive (Must meet the requirements of at least 2 out of 3 categories) **Category 1** Tests, documents, or independent historian(s) Any combination of 3 from the following: ❑ Review of prior external note(s) from each unique source*; ❑ Review of the result(s) of each unique test*; ❑ Ordering of each unique test*; ❑ Assessment requiring an independent historian **OR** **Category 2: Independent interpretation of tests** ❑ Independent interpretation of a test performed by another physician/other qualified healthcare professional (not separately reported); **OR** **Category 3: Discussion of management of test interpretation** ❑ Discussion of management or test interpretation with external physician/other qualified healthcare professional\appropriate source (not separately reported)

Step 2 coding

Step 3: Risk of Complications and/or Morbidity or Mortality of Patient Management

Code	Level of MDM	Number and Complexity of Problems Addressed
99202 99212	Straightforward	**Minimal risk of morbidity from additional diagnostic testing or treatment**
99203 99212	Low	**Low risk of morbidity from additional diagnostic testing or treatment**
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Step 3

Based on Step 1, 2, and 3 MDM how would you bill this visit?

Total time spent on date of encounter was 65 minutes, including preparing to see patient (review of tests), obtaining/ reviewing intake form, performing medical evaluation, counseling and education, ordering tests/medication, and documenting of clinical information.

Preparing to see the patient (eg, review of tests, reviewing intake form): **10 minutes** (7:30-7:40am)

Performing a medically appropriate examination and/or evaluation/counseling and educating the patient/family/caregiver: **25 minutes face to face** (11:00-11:25am)

Ordering medications, tests, or procedures: **5 minutes** (12:10-12:15pm)

Referring and communicating with other healthcare professionals (when not separately reported): **15 minutes** (12:00-12:15pm)

Documenting clinical information in the electronic or other health record: **10 minutes** (4:30-4:40 pm)

Based on Time how would you bill this visit?

Could you use prolonged service time?

Would you use time or MDM for this visit?

Practice Notes/Pearls

01 Insurances do pay for the treatment of obesity, not all yet, but…

02 Coding doesn't have to be complicated and using known E&M coding is perfectly fine

03 Work with your billers and coders to determine if preventative codes are available

References

- Healthcare.gov. Preventive care benefits for adults. https://www.healthcare.gov/preventive-care-adults/
- Primary Care Obesity Management Certificate Program. ICD-10 Codes for Obesity Management. n.d. https://www.aapa.org/wp-content/uploads/2018/09/FINAL_Obesity_ICD10_Codes.pdf
- Department of Health and Human Services Centers for Medicare and Medicaid Services. Intensive Behavioral Therapy for Obesity. 2012. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7641.pdf