Billing and Coding for Pediatric Obesity Care

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Affiliations and Conflicts

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- Clinical Assistant Professor, Department of General Pediatrics and Family & Community Medicine
- Board Certification: Family Medicine
- Diplomate: American Board of Obesity Medicine
- No Conflicts of Interest
Learning Objectives

- Understand the 4 forces that are shaping outpatient obesity treatment nationally.
- Understand the difficulties of coding for obesity treatment in PA.
- Begin thinking of a customized process that will work in your office that embraces insurances’ guidelines.

National Changes in Obesity Care Forcing Change

1. CMS payment for Intensive Behavior Therapy in primary care setting (November, 2011)

2. AMA position statement (July, 2013)

3. HR2415: Obesity Reduction Act 2013

4. ACA preventive services (January, 2014)
Force #1: CMS Decision for Intensive Behavioral Therapy (November, 2011)

- *All Grade A or B preventive care recommendations by the U.S. Preventative Services Task Force (USPSTF) will be covered.*

- USPSTF ‘B’ Recommendation
  - Screen, assess nutrition, intensive behavior therapy

- USPSTF: Intensive behavioral therapy (IBT) for obesity (BMI>30) is reasonable and necessary for the prevention or early detection of illness.

www.cms.gov/medicare-coverage-database/details/nca-decision-memo

Intense Behavior Change Works!

- National Weight Control Registry
  1. 30 lb weight loss > 1 year
  2. Over 10,000 adults enrolled
  3. Average weight loss: 66 lbs x 5.5 years
  4. Success: 45% alone; 55% assistance
  5. 96% without medication

www.nwcr.ws/Research
Lifestyle + Medication
NEJM Vol 353:2111-2120, Nov 17, 2005

- Randomized Trial of Lifestyle Modification and Pharmacotherapy for Obesity
  - 224 participants x 1 year
    - Sibutramine alone
    - Sibutramine + 30 group sessions
    - Group sessions only
  - Results: medication + sessions = 12.1 kg loss
    - medication alone = 5.0 kg loss
    - sessions alone = 6.7 kg loss

- Neither CMS nor private insurers cover the cost of weight loss medications under the Affordable Care Act.

USPSTF ‘B’ Recommendation

- Screen all adult patients for obesity using body mass index
- Dietary (nutritional) assessment
- Recommended behavior interventions to promote sustained weight loss through "high intensity interventions" on diet and exercise

www.uspreventiveservicetaskforce.org/uspstf/uspsabrecs.htm
Intensive Behavioral Therapy

- **High intensity intervention**: more than 1 person-to-person session per month for the first 3 months

- **Medium intensity intervention**: monthly intervention

- **Low intensity intervention**: less than monthly

www.uspreventiveservicestackforce.org

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CMS ‘Rules of Engagement’

1. Follow USPSTF ‘B’ Recommendation
   - screen, assess nutrition, intensive behavior therapy

2. Follow CMS (i.e. USPSTF) definition of Intensive Behavioral Therapy

3. Follow CMS (i.e. USPSTF) timeline
Intensive Behavior Therapy

*Defined*

1. **Assess:** Ask about behavior risks
2. **Advise:** Clear, specific change advice
3. **Agree:** Collaboratively select treatment goals and methods
4. **Assist:** Aid the patient in achieving agreed upon goals via behavior change techniques
5. **Arrange:** Schedule follow-up contacts

Intensive Behavioral Therapy for Obesity: page 3

Medicare Preventive Services: Department HHS: ICN 906800 August 2012

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**CMS: Intensive Behavioral Therapy Schedule**

- Face to face weekly x 1 month
- Face to face every other week 2-6 months
- Loss of 6.6 lbs in first 6 months, then monthly at 7-12 months
- Total 20 visits.

Intensive Behavioral Therapy for Obesity: page 4-5

Medicare Preventive Services: Department HHS: ICN 907800 August 2012
IBT: Stand Alone Benefit

- “The Intensive Behavior Therapy for obesity benefit covered by Medicare (under Part B) is a stand alone billable service. It is separate from the Initial Preventive Physical Examination (IPPE) or the Annual Wellness Visit (AWV).”


Auxiliary Personnel Can Help

- Medicare will cover behavioral counseling for obesity services when billed by an auxiliary personnel
- Acts under the supervision of a primary care physician (or another practitioner)
  - an employee, leased employee, or independent contractor of the physician or practitioner.
Force #2:

AMA Announces “Obesity a Disease”
June 21, 2013

“Obesity is a disease requiring a range of medical interventions to advance obesity treatment and prevention”

Implications: 1. Training in medical schools; 2. Reduce stigma; 3. Insurance benefit; 4. Increase research funding

AMA: Obesity is a Disease

► AMA rational:
“The suggestion that obesity is not a disease but rather a consequence of a chosen lifestyle exemplified by overeating and/or inactivity is equivalent to suggesting that lung cancer is not a disease because it was brought about by individual choice to smoke cigarettes.”
Force #3:

HR 2415

Treat & Reduce Obesity Act 2013

1. Provide additional info regarding CMS coverage of Intensive Behavior Therapy for pts/docs.
2. Develop/implement coordinated plan of HHS agencies, similar to treatment for CVD
3. Allow additional types of healthcare providers to provide IBT (dietitians, social workers, psychologists)
4. Part D: cover FDA-approved weight loss medications

House of Representatives: Introduced June, 2013, has 65 cosponsors.

Force #4:

Affordable Care Act

January 1, 2014
ACA Prevention & Wellness

- Private health plans must provide coverage for a range of preventive services and may not impose cost-sharing (copayments, deductibles, co-insurance) on patients receiving those services

- *ACA requires private plans provide coverage* for services under 4 broad categories: evidence-based screenings/counseling, routine immunizations, childhood & women, *preventive services*

Essential Health Benefits
January 2014: ACA Requires:

- Medicaid plans, small groups and individual plans

- Sold inside and outside the Health Insurance Marketplace

- Ten categories of items and services known as the Essential Health Benefits

Essential Health Benefits

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental and substance abuse
6. Prescription Drugs
7. Rehabilitative services and devices
8. Laboratory Services
9. Preventive/wellness services/chronic disease management
10. Pediatric Services: oral and vision care

ACA: Essential Health Benefits

▶ Each private and state insurance plan may decide how they will provide for these Essential Health Benefits
  ▶ Lead to inconsistency in coverage of obesity care
The Reality: Weight-Related Services for Adults

- Wellness plans are driven by the states

<table>
<thead>
<tr>
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<th>Coverage</th>
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<tr>
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<td>IBT only</td>
</tr>
<tr>
<td>28</td>
<td>None</td>
</tr>
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Pediatric Obesity Coding in PA

- June, 2013, a PA House of Representative’s Resolution was passed, tasking the Joint State Government Commission (JSGC) with studying the issue of childhood obesity and to report its findings back to the General Assembly.

- That report will be out on June 3, 2014. Whatever findings are recommended may or may not lead to further action.
The Dilemma: “Obesity” as primary diagnosis

Because “Overweight” and “Obesity” are currently not considered a “disease,” insurance companies may decide whether they will pay for these conditions.

Therefore, most PA insurance companies do not reimburse “Overweight” or “Obesity” as a primary diagnosis.

Who Pays for “Obesity” in Pennsylvania?

PA Medicaid and Highmark insurance are the only insurance companies that are paying for pediatric obesity care when “Overweight” or “Obesity” are used as a primary diagnosis.
The Best Case Scenario:  For All Plans

- If there is another medical reason that is addressed at the visit, that medical problem should be used as the primary diagnosis.
- Then “Obesity” is used as the secondary diagnosis.

Example: use another med. diagnosis
- 14 year old, established patient
- Presents for F/U HTN, well controlled.
- BMI has increased to 94%. BP wnl.
- A/P: 1) HTN-Keep same meds.
  2) Overweight- Counseled on nutrition and physical activity.

Coding: use medical diagnosis
- E/M established visit code: 99213
- HTN diagnostic code: 401.9
- Overweight as secondary diagnosis:
  - V85.53 (BMI, Pediatric, 85% to <95%)  
  - 278.02 (Overweight)
Obesity Coding Flowchart for Pennsylvania

PA Medicaid
- Benefit—see handout.

Private Insurer
- Recognize Obesity as Primary Dx.
  - Check with other insurers to verify per plan
  - Use applicable dx. codes for signs & symptoms
- Do not recognize Obesity as Primary Dx.
  - Use time-based E&M codes-5210 Flipchart

Obese Patient

PA Medicaid: Obesity Care

- All MA recipients under 21 years old
- Obesity coding is different for:
  - MD/PA/CRNP
  - PhD/RN/counselor
PA Medicaid: Pediatric Obesity Care

MD, PA, or CRNP:
- Can be done during EPSDT
  - Use EPSDT (WCC code) alone
- Can be done during acute or chronic visit
  - E/M Code (99213 or 99214)
- May use assessment form

PA Medicaid: Pediatric Obesity Care

MD, PA, or CRNP:
- If presents to solely discuss obesity, use E/M code based on time
- “Obesity” can be used as primary diagnosis
- No limitations for the number of visits to see patient
Example: 3 y.o. presents for EPSDT. Mom concerned about obesity. 15 min. counseling.

- EPSDT code alone
- Note: Can submit EPSDT with “Obesity” codes, but will not get paid more than EPSDT. However, you can get extra RVU credit:
  - EPSDT +
  - E/M 99213 (15 min counseling) +
  - V85.54 (BMI, Pediatric, 95% to 98%)+
  - 278.00 Obesity, unspecified +25 visit modifier code

Example: Same 3 y.o. follows up for obesity. 20 min. counseling. (PA Medicaid only)

- Use E/M Code: 99213 (15 minutes counseling)
- 278.00 Obesity- use as primary diagnosis
- V85.54 (BMI, Pediatric, 95% to 98%)
PA Medicaid: Dietitian Referral

- Can refer to dietitian (MA-accepting)
  - 12 visits per 365 days (30 min. each) OR
  - 6 visits per 365 days (60 min. each)

PA Medicaid: Initial Assessment

Non-MD (RN, PhD or therapist):
- ≥ 30 minutes
- Use 96150-96154 + modifier U3 and TJ + obesity code (278.00 -278.02) +
  V code (V85.52 - V85.54)

- Weight management counseling is time-based.
- Covers 24 15-minute units of service for individual, group or family counseling/year
PA Medicaid: RN, PhD or therapist

- Cover 3 initial assessments per calendar year (must be 30 minutes each)

- Cover 4 re-assessments per calendar year (must be 30 minutes each)

Department expects that initial assessment and re-assessment will take providers at least 30 minutes to complete.

Program Exception Waiver (From MA 97) to add more sessions if desired

How to Code with Highmark insurance

- Obese Patient
  - PA Medicaid
    - Benefit—see handout.
  - Private Insurer
    - Recognize Obesity as Primary Dx.
      - Use applicable dx. codes for signs & symptoms
    - Do not recognize Obesity as Primary Dx.
      - Check with other insurers to verify per plan
      - Use applicable dx. codes for signs & symptoms
      - Use time-based E&M codes
      - See handout.

www.paaap.org 4/14/2014
Highmark Insurance

Eligibility for children 2-18 years old:

- BMI = 85% to 98% (overweight and obese)
- BMI ≥ 99% (morbid or severely obese)

Highmark Insurance: BMI 85% - 98%

- Many Highmark plans will pay for 4 follow-up visits for “Overweight” or “Obesity”/year
- Nutritional counseling 4/yr. by in-network credentialed providers. RNs, RDs, nutritionists can perform counseling under guidance of credentialed provider.*
- One set of lab work annually
- Verify individual plan coverage with Highmark
Highmark: Coding is based on BMI

- **BMI** = 85% to 98% (overweight and obese)
  - Preventive med. code as primary diagnosis
  - “Overweight” or “Obesity” as secondary diagnosis
  - Considered a preventive visit, there is no co-pay.

Highmark Insurance: Initial Screening, BMI = 85% to 98%

- Use preventive medicine codes:
  - 99381-99384 or 99391-99394
- One Routine Diagnosis Code:
  - V77.8 (screen for obesity) or
  - V77.9 (screen for other unspecified endo, metabolic)
- One Obesity Diagnosis Code from below:
  - V85.53 (BMI, Pediatric, 85% to 94%)
  - V85.54 (BMI, Pediatric, 95% to 98%)
  - 278.00 Obesity, unspecified
  - 278.02 Overweight
SMcD1 Bold = Lisa's suggestions
Sandy McDonnell, 3/2/2014

SMcD2 deleted the "Use preventative visit code, BMI, & obesity code
99401 – 99404
V85.53 – 4
278.00 to 278.02"
Sandy McDonnell, 3/2/2014
Example: (appropriate for Highmark patients)
- 3 year old here for WCC with BMI 98%
- No PMH.

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Coding:

- Preventive medicine code: 99392
- Routine Diagnosis code: V77.8
- Obesity code: V85.54 or 278.00

Highmark Insurance: Follow-up Visit, BMI= 85% to 98%

- Use preventive medicine codes:
  - 99381-99384 or 99391-99394
- One Obesity Diagnosis Code:
  - V85.53 (BMI, Pediatric, 85% to 94%)
  - V85.54 (BMI, Pediatric, 95% to 98%)
  - 278.00 Obesity, unspecified
  - 278.02 Overweight
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SMcD2 deleted the "Use preventative visit code, BMI, & obesity code
99401 – 99404
V85.53 – 4
278.00 to 278.02"
Sandy McDonnell, 3/2/2014
Example: (appropriate for Highmark patients only)
- Same 3 year old for follow-up visit.
- BMI 97th percentile.
- No PMH except obesity.

Coding:
- Preventive medicine code: 99392
- Obesity code: V85.54 or 278.00

Highmark: BMI > 99% “Morbidly Obese”
- For patients 2-18 years old
- “Morbid obesity” is considered a “medical” problem, so prevention codes do not cover treatment
- Patient pays co-pay, visits part of deductible
Highmark: BMI \( \geq 99\% \) “Morbidly Obese”

- “Morbid obesity” can be a primary diagnosis
- No limit to the number of “morbid obesity” office visits that can be billed
- Use E/M codes (99212-99214)
  - Add underlying diagnosis (constipation, GERD)
  - OR
- Based on time spent with patient

Example:

(appropriate for Highmark patients only)
- Same 3 year old for follow-up visit.
- Now at BMI 99\(^{th}\) percentile.
- No PMH except obesity. 25 minutes spent counseling.

Coding:
- E/M code: 99214 (25 minute time-based code)
- Morbid obesity: 278.01
- V85.54 (BMI, Pediatric, \( \geq 95\% \))
How to Code with other Private Insurance

Obese Patient

PA Medicaid

Benefit—see handout.

Private Insurer

Recognize Obesity as Primary Dx.

Highmark—See handout.

Check with other insurers to verify per plan

Use applicable dx. codes for signs & symptoms

Do not recognize Obesity as Primary Dx.

Use time-based E&M codes—5210 Flipchart

Coding: When “Obesity” not reimbursed as primary diagnosis

Technically Correct Way:

► Use “Obesity” as primary diagnosis when obesity is primary reason patient presents for care

► However, most private insurance companies do not reimburse “Obesity” as a primary diagnosis.

► Verify individual plan coverage with each insurer to see if “Overweight” or “Obesity” can be reimbursed as a primary diagnosis.
Coding: “Obesity” not reimbursed as a primary diagnosis

How to be reimbursed for your work:

- Primary diagnosis: Use signs or symptoms (shortness of breath, constipation, acanthosis)
- Report “Obesity” as a secondary diagnosis
- Use E/M codes (99212-99214) + obesity code (278.00-278.02) + V-code (85.52-85.54)

Example: (appropriate for private insurance other than Highmark)
- 3 year old with no PMH presents for obesity care.
  - ROS: shortness of breath with activity; BMI 98%

Coding:

- E&M code: 99213
- Primary Diagnosis: SOB with activity
- Secondary Diagnosis: Obesity
  - V85.54 (BMI, Pediatric, 95% to 98%)
  - 278.00 Obesity, unspecified
All Private Insurers: obesity treatment during a PE

If during a PE,
► Code PE code
► If you spend significant time on obesity counseling, you may add an E/M code (99212-4) + Obesity code (278.00-02) + V-code (V85.52 -4) +25-visit modifier
► Make sure the obesity information is well documented and in a separate area from the PE.

Coding - A Word about Counseling Codes

► Counseling diagnosis codes can be used:
  ► When the patient is present
  ► When counseling the parent/guardian and patient is not physically present
  ► Individually or in groups
► “Medical nutrition treatment” code should not be used by physicians
Counseling Codes

MDs can use
- Individual Counseling: 99401-4
- Group Counseling: 99411-99412
  - 99411- 30 minutes
  - 99412- 60 minutes

- Verify that these codes are reimbursable with your local insurers; consider time-based billing (E/M 99212-4)

ICD-10 Obesity Codes

- Obesity (278.02) will now split into 4 codes:
  - E66.09  Other obesity due to excess calories
  - E66.1  Drug induced obesity
  - E66.8  Other obesity
  - E66.9  Obesity, unspecified
ICD-10 Obesity Codes

- Morbid obesity (278.01) splits into 2 codes:
  - E66.01: Morbid (severe) obesity due to excess calories
  - E66.2: Morbid (severe) obesity with alveolar hypoventilation

ICD-10 BMI Codes

- Valid ICD-9 codes:
  - V85.30 - V85.39

- Valid ICD-10 codes:
  - Z68.30 - Z68.39
  - Z68.41 - Z68.45