

Coding to Improve Obesity Care & Reimbursement in Primary Care Pediatric Practice

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Childhood Obesity QI Collaborative

CME Learning Objectives

- ❑ **Learning Objectives:** At the conclusion of this learning collaborative, participants should feel confident in their ability to identify and engage patients who are at risk of being overweight and or are obese.

- ❑ Participants will be able to:
 1. Identify “best practice” recommendations & guidelines for practice management of childhood obesity.
 2. Identify opportunities to implement clinical “best practices” in your practice setting.
 3. Conduct PDSA cycles within a practice setting to improve childhood obesity identification and management.



CME Accreditation

□ ACCREDITATION:

- This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of The George Washington University School of Medicine and Health Sciences and Children's National. The George Washington University School of Medicine and Health Sciences is accredited by the ACCME to provide continuing medical education for physicians

□ PHYSICIAN CME CREDIT:

- The George Washington University School of Medicine and Health Sciences designates this continuing medical education activity for a maximum of **29** AMA Physician Recognition Award Category 1 Credits™.
- Participants will be required to certify attendance or participation on an hour-for-hour basis.



Disclosure Statement

- Upon disclosure, the speaker indicated that he did not have any relevant financial relationships to disclose

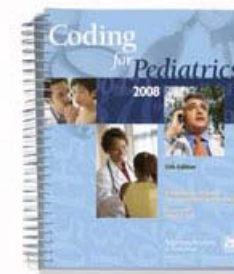
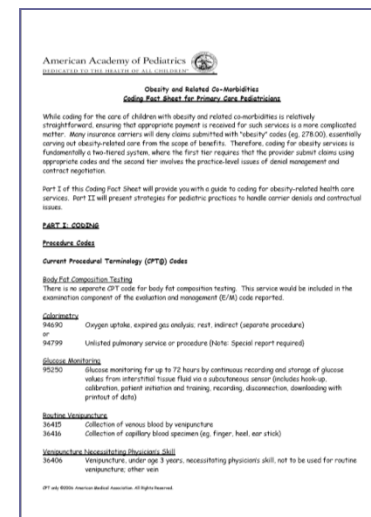


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Important caveats & disclaimers

- Coding guidance reflects best practice recommendations from the American Academy of Pediatrics & others
 - AAP Coding Fact Sheet for Primary Care Pediatricians
 - AAP Practice Management Online (PMO)
 - AAP *Coding for Pediatrics* 2012
 - AAP Section of Administration & Practice Management (SOAPM)- great list-serve
 - AAP Coding Hotline (aapcodinghotline@aap.org)
- Coding recommendations does not reflect recommendations of Children's National Medical Center or Children's National Health Network
- Know your payers!



NCQA HEDIS Child Obesity Measure:

- **HEDIS 2009... Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents**
- The percentage of members 2–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.
 - Measurement year: 1/1/20xx – 12/31/20xx
 - All outpatient visits included.
 - Stratifications: 2–11 years, 12–17 years, total
 - Methodologies: administrative data or medical record review.
- Insurance plans (payers) and providers are being measured



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HEDIS Criteria

Weight Assessment

- BMI percentile during the measurement year as identified by administrative data or medical record review.
- ICD-9-CM Diagnosis - V85.5
- Medical Record Review: Documentation must include a note indicating the date on which the BMI percentile was documented and evidence of either of the following.
- BMI percentile, *or* BMI percentile plotted on age-growth chart
- For adolescents 16–17 years, documentation of a BMI value expressed as kg/m² is acceptable.

Counseling for Nutrition

- Documentation of counseling for nutrition or referral for nutrition education during the measurement year as identified by administrative data or medical record review.
- CPT - 97802-97804, ICD-9-CM Diagnosis - V65.3, HCPCS - S9470, S9452, S9449, G0270-G0271
- Medical Record Review: Documentation must include a note indicating the date and at least one of the following.
 - Engagement in discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors)
 - Checklist indicating nutrition was addressed
 - Counseling or referral for nutrition education
 - Member received educational materials on nutrition
 - Anticipatory guidance for nutrition

Counseling for Physical Activity

- Documentation of counseling for physical activity or referral for physical activity during the measurement year as identified by administrative data or medical record review.
- ICD-9-CM Diagnosis - V65.41, ICD-9-CM Procedure - 93.11, 93.13, 93.19, 93.31, 93.11, 93.13, 93.19, 93.31, HCPCS - S9451, H2032
- Medical Record Review: Documentation must include a note indicating the date and at least one of the following.
 - Engagement in discussion of current physical activity
 - behaviors (e.g. exercise routine, participation in sports activities, exam for sports participation)
 - Checklist indicating physical activity was addressed
 - Counseling or referral for physical activity
 - Member received educational materials on physical activity
 - Anticipatory guidance for physical activity



ICD-9: Obesity V codes

- V85.51 Body Mass Index, pediatric, <5th percentile for age
- V85.52 Body Mass Index, pediatric, 5th percentile to <85th percentile for age
- V85.53 Body Mass Index, pediatric, 85th percentile to <95th percentile for age
- V85.54 Body Mass Index, pediatric, \geq 95th percentile for age

- Use?
 - Secondary diagnosis for well-child visit
 - Problem list (paper or electronic record)



ICD-9: Obesity Codes

- ❑ 278.00 Obesity, unspecified
- ❑ 278.01 Morbid obesity
- ❑ 278.02 Overweight

- ❑ Numerous codes for obesity complications and/or co-morbidities
- ❑ 783.1 Abnormal weight gain

- ❑ See AAP Obesity Coding Fact Sheet



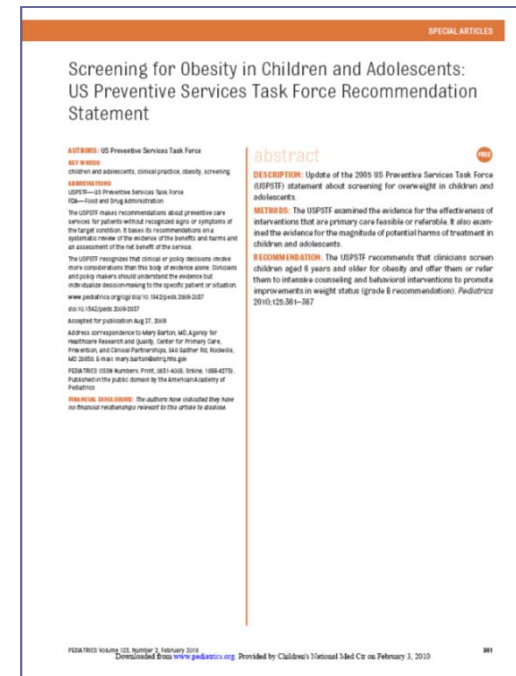
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Most payers now reimbursing for “obesity” codes

Denials

- Not medically necessary ⇒ challenge
 - AAP, AMA, USPSTF recommended care
- Not covered benefit
 - Employer may specifically exclude obesity-related services
 - Patient responsibility
- Disease management carve-out
 - Discuss options with plan



Screening for Obesity in Children and Adolescents: US Preventive Services Task Force Recommendation Statement
US Preventive Services Task Force

Pediatrics published online Jan 18, 2010; DOI: 10.1542/peds.2009-2037



Which obesity code should I use?

- For well-child visit:
 - Use appropriate V code (V20.2) for primary diagnosis
 - Use V code for BMI%ile for secondary diagnosis (V85.5x)
 - This sends claims message that you measured BMI%ile
 - NCQA HEDIS measure
 - Do not use V85.5x as primary diagnosis justification for care/claim
- For E/M services (at well-child or separate):
 - Use obesity ICD-9 dx code (eg 278.00 obesity or co-morbidity) to justify E/M service at time of well-child visit or other office visits for obesity screening, counseling, treatment



Can I code for obesity screening and counseling at well-child visit?

- ❑ Basic screening (nutrition, activity, screentime, BMI%ile etc.) and health counseling are part of comprehensive well-child exam
 - Use V20.2 & V85.5x
- ❑ If you spend and document significant added time addressing additional health concerns above and beyond basic well-child exam- you can bill for added care
 - Use appropriate E&M code (99211-99215) and -25 modifier- indicating separate identifiable service performed on same DOS



The Coding Pearls

The Preventive Medicine Code

“If an abnormality/ies is encountered or a preexisting problem is addressed in the process of performing this preventive medicine evaluation and management service, and if the problem/abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service, then the appropriate Office/Outpatient code 99201-99215 should also be reported.

Modifier 25 should be added to the Office/Outpatient code to indicate that a significant, separately identifiable Evaluation and Management service was provided by the same physician on the same day as the preventive medicine service. The appropriate preventive medicine service is additionally reported.”



The Coding Pearls

The Modifier -25

- The modifier **ALWAYS** goes on the E/M code
- When a Prev. Medicine code and an E/M office visit for a problem are billed together, **ALWAYS** put the -25 on the non-prev. E/M code
- Never attach the -25 to a non-E/M code



The Coding Pearls

The Modifier -25

- When a separate problem is evaluated and reported with a **NEW** preventive medicine service-
- Use the **NEW** OV/Outpatient codes **99201-99205**



The Coding Pearls

The Modifier -25

Sick + Well

What is Significant?

- A separate visit would have been required to take care of the problem
- A problem requires an RX to treat



The Coding Pearls

The Modifier -25

Sick + Well

What is Separate?

- Additional documentation is needed
- Separate documentation helps you select the correct E/M code level
 - Addit. Hx, pe, mdm
- Separate documentation also helps you with an audit-keeps auditors happier- just like legible writing



What degree of documentation is recommended?

- Documentation should support added service (Hx, PE, MDM, counseling, time)
 - Could it be billed as “stand alone” visit?
- One note vs two notes?
 - Document so added care is clear



Office or Other Outpatient Services- Established Patient

Document either **2 or 3 key components** (history, examination, & medical decision making) OR
time spent counseling the patient

	99211	99212	99213	99214	99215
History					
Level of History	No required	Problem-Focused	Expanded Problem-Focused	Detailed	Comprehensive
CC	Not required	Required	Required	Required	Required
HPI	Not required	1-3 elements	1-3 elements	4 + elements OR 3 + chronic or inactive conditions	4 + elements OR 3 + chronic or inactive conditions
ROS	Not Required	Not Required	1 system	2-9 systems	10-14 systems
PFSH	Not Required	Not Required	Not Required	1 of 3 elements	2 of 3 elements
Physical Examination					
Level of Exam	Not Required	Problem-Focused	Expanded Problem-Focused	Detailed	Comprehensive
1995	Not Required	1 system	2-4 systems	5-7 systems	8 or > systems
1997	Not Required	1-5 elements	6-11 systems	12 elements in 2 systems	18 elements-2 in each of 9 systems
Medical Decision Making					
Level of MDM	Not Required	Straightforward	Low	Moderate	High
Face-To-Face Time					
Typical Times	5 minutes supervision*	10 minutes	15 minutes	25 minutes	40 minutes
Relative value units/ 2004 Medicare payment Conversion Factor= \$37.34					
Total Rvu/ \$	0.57/\$21.28	1.01/\$37.71	1.41/\$52.65	2.20/\$82.14	3.19/\$119.11



Children's National
Health Network

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•physician must be in the office during the E/M service



Coding based on Time

- ❑ An explicit factor to assist in selecting the most appropriate level of E/M services
- ❑ ***When counseling and/or coordination of care are more than 50% of the face to face encounter, time is the key controlling factor.***
- ❑ Documentation of time in the medical record is a must in this situation



Counseling

- Discussion with a patient and/or family concerning
 - Diagnostic studies or results
 - Prognosis
 - Risks and benefits of management options
 - Importance of compliance
 - Patient and family education



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Typical Times for Outpatient Services

□ 99211	5 min.	□ 99201	10 min.
□ 99212	10 min.	□ 99202	20 min.
□ 99213	15 min.	□ 99203	30 min.
□ 99214	25 min.	□ 99204	45 min.
□ 99215	40 min.	□ 99205	60 min.



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What about co-pays?

- Health Care Reform: no co-pays for preventive care services (including well-child exams)
- Several plans now requiring patient co-pays if E&M service (-25 modifier) billed on same DOS
 - For obesity or any other significant concern
- Families confused/angry; office staff under fire



Strategies

- Share office policy in advance?
- Hand-outs or signs in practice waiting area, website
- What should be included in message?



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A suggestion for office message:

“Understanding My Bill and Co-Pays”

- ❑ No co-pays are required for most preventive care services (or care provided to Medicaid-enrolled children.)
- ❑ Many times children have extra concerns about their health or behavior that require extra time and not part of a routine preventive care visit.
- ❑ For the convenience of children and families, and when schedules permit, we try to address these added problems as part of your child’s “check up” office visit.
- ❑ In this situation, as per guidelines developed by the AMA and American Academy of Pediatrics, we will bill for the added office visit time.
- ❑ Several insurance companies are now asking that we collect a co-pay from families when we address these extra problems in addition to the check-up visit.
- ❑ If more convenient, we can also schedule a separate appointment to address these additional health concerns.
- ❑ Our goal is to deliver the very best care to your child and family-comprehensive, convenient and fairly priced.
- ❑ If you ever have any questions about your bill, please feel free to speak with our billing manager (xxx). Your pediatrician is always available to answer questions about your child’s care, health, diagnosis and bill.



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Questions?



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