BCA’s 15 Minute Coding Pearl

Drill Down – Obesity

Weight Management Diagnosis & Visit Coding

A PDF copy of these slides is available for printing

Recorded November 2016
Actual Recording Time 12 Minutes
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Twin Falls, Idaho

Obesity

Increased Risk

The terms "overweight" and "obesity" refer to body weight that’s greater than what is considered healthy for a certain height.

—The National Heart, Lung, and Blood Institute

- Coronary Heart Disease
- High Blood Pressure
- Stroke
- Type 2 Diabetes
- Abnormal Blood Fat
- Osteoarthritis
- Sleep Apnea
- Cancer
- Gallstones
Bonnie R. Hoag, RN, CCS-P, is the founder and a principal owner of Brown Consulting Associates, Inc., (BCA) which was established in 1989. Bonnie has served as a national physician office consultant and seminar speaker for a variety of firms, including St. Anthony Publishing and Consulting in Alexandria, Virginia and Medical Learning Inc. in Minneapolis, Minnesota. Bonnie presents multiple seminars each year to groups such as Montana Medical Association, Idaho Medical Association, Iowa Medical Society, and National Association of Community Health Centers.

Since 1990 she and other BCA consultants have provided unique training to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) throughout the U.S. Nearly 50 percent of BCA’s clinic client-base is FQHC facilities. She has provided FQHC/RHC seminars for HRSA, National Health Service Corp, National Association of Community Health Centers, and various Regional Primary Care Associations. Bonnie is honored to serve on the board of directors at a large community health center in her community. With her guidance, Brown Consulting Associates, Inc. has developed and presents live, web-based certification training.

As a senior consultant Bonnie’s work on the BCA auditing team involves E/M and procedure coding and documentation audits. This includes onsite and live web-based training with clinicians where their medical records are used during training with a goal to improve the quality of the medical records and coding compliance. She has a special interest in Chronic Care Management projects and new Behavioral Health Consultant (BHC) services. Bonnie and other BCA consultants serve as a coding instructor for BCA’s six-month, live web-based CCEP program, which is designed for coders and billers who wish to become certified.

Historically, Bonnie spent twelve years as director and instructor for the coding program at the College of Southern Idaho. She has served on the AHIMA National Physician Practice Council Group. In the “early days” of state-based managed care, Bonnie worked with the State of Idaho Department of Health as a “Physician Representative.”

On occasion Bonnie is called upon to work with health care legal defense attorneys to assist physicians in resolving third-party-payer coding actions. Bonnie has provided physician/clinician training and coder/biller training in nearly one hundred different health centers nationwide.

Sixteen years of clinical experience combined with twenty-six years of coding consulting and training provides an exceptional skill base for application to the challenging and changing medical coding environment.

Bonnie graduated from Los Angeles County-USC Medical Center School of Nursing in 1973. Her nursing experience includes office and hospital nursing in the areas of surgery, ER, ICU, and home health. She served as an Air Force Flight Nurse.

Bonnie worked in physician office nursing and management, dealing directly with reimbursement issues in Las Vegas, Nevada; Salt Lake City, Utah; and Twin Falls, Idaho. She has been teaching and consulting since 1988 and has worked in 41 states. As a physician reimbursement consultant, Bonnie visits physician offices, clinics and ERs to assess the issues that directly and indirectly affect reimbursement and CMS compliance.
Shawn R. Hafer, CCS-P, CPC, is a senior consultant and co-owner of Brown Consulting. She has enjoyed more than 20 years of physician coding and reimbursement experience in a variety of specialties. She holds coding certifications from both the American Health Information Management Association (AHIMA) and the American Academy of Professional Coders (AAPC) and is a member of both organizations. Her background provides an excellent foundation for the demanding medical coding environment.

Shawn has been with Brown Consulting since 1999, and is uniquely qualified due to her diverse management skills, experience, and coding and billing expertise. Shawn also serves as a senior auditor conducting hundreds of medical record audits each year providing both clinician and coder training in all facets of coding and documentation.

Shawn's creative skills and experience have lead to the development of many coding tools and published training material used by Brown Consulting clients and Brown Consulting students. Shawn developed Brown’s popular New Doctor Training Program. She also developed the Brown Girls Favorite ICD-10-CM Diagnosis Code Booklet. Shawn spends much of her training time at clinic locations ranging from small rural health clinics served only by visiting providers to large inner-city clinics with more than 100 clinicians.

Shawn is the architect of our long-standing Brown Consulting Webinar Program offering both clinician and coder webinars and classes. Our fee-based webinars typically involve two-hour training sessions paired with post-training assessments; most are certified with CEUs. Topics include E/M Coding, Level I-III; Diagnosis Coding, (14 separate sessions) including Beginning and Intermediate Diagnosis Coding, as well as ICD-10-CM chapter-based webinars; Preventive Service Webinars; FQHC Specific Webinars; Use of Modifiers I & II; Minor Surgery Coding; Coding from an Op Report; Behavioral Health for Non-prescribers; Behavioral Health/Psychiatry for Prescribers. We also offer various specialty-based webinars and FQHC-specific webinars. Shawn is also responsible for the Brown Consulting Chart Auditing Training Series, which includes six sessions.

Historically, Shawn has worked with healthcare defense attorneys on behalf of physicians involved in third-party payer audits. Shawn authors and presents coding seminars and webinars for our many workshop/seminar partners including the Idaho Medical Association, Montana Medical Association, Iowa Medical Society, West Virginia Primary Care Association and other regional and national groups.

For ten years, Shawn served as a coding instructor at the College of Southern Idaho and for Northwest Regional Primary Care Association, and was a long-term member of the Advisory Committee for Coding Education at the College of Southern Idaho. Shawn attended the College of Southern Idaho in Twin Falls, ID and Pima College in Tucson, AZ.

Meri Harrington, CPC, CEMC, brings with her 12 years of coding and auditing experience with a multispecialty rural health clinic that led the way in the rural residency training program. She was responsible for writing the E&M coding policy for the organization, as well as conducting multiple clinician and peer audits and education sessions. She has also assisted with internal audits to assure Meaningful Use implementation and attestations.

Meri and the BCA team perform documentation quality and coding compliance audits and customized clinician and coder training. She has spent multiple hours working alongside clinicians and peers on projects aimed at improving the user-friendliness of electronic medical record programs.

Meri has a special interest in data analysis and training related to the intricacies of appropriate ICD-10-CM diagnosis codes and chronic care coding with expertise related to HCCs. She has had the
opportunity to work along side third-party payers with a focus on appropriate diagnosis coding as a risk-based measurement instrument.

Meri’s knowledge and study of of contemporary “quality” healthcare concerns coupled with her understanding of MACRA, MIPs and other emerging quality-based federal reimbursement plans, has positioned Meri to guide BCA in such a manner that we are able to incorporate emerging physician documentation requirements in current coding and documentation training.

For several years, Meri has served as the director of BCA’s six-month Comprehensive Coding Education Program which is designed to prepare coders and billers for professional national certification.

Meri also enjoys unique auditing and training services with clinics that provide focused services such as Contraceptive Management /Family Planning, and HIV services. Meri spends a great deal of her time working with Family Practice, Pediatrics, Geriatrics and OB-GYN. She is an expert with surgical operative report code extraction.

Historically, Meri’s education includes several years volunteering as an EMT in her local community. Meri attended the Community Colleges of Spokane – Colville IEL. Meri has developed multiple educational programs including the BCA Transition Mission training series, which was extensively utilized by clinics throughout the US as a tool for ICD-10-CM Implementation.

Ginger Avery, CPC, CPMA, joined the Brown Consulting team with 20 years of experience in medical coding and billing. She began her career performing home health billing for a rural county hospital. While working for an ASC her administrative skills lead to a significantly improved revenue cycle process. After obtaining her coding certification in 2005, she worked for the medical practice division of a large hospital, and while she specialized in cardiology, she also worked closely with hospitalists and family practice clinicians. She performed internal audits and provider education, and worked closely with projects aimed at improving the use of electronic medical record programs.

Ginger enjoys clinician medical record auditing and clinician and coder training. Ginger is extensively involved in a major third-party HCC project. Because of her coding expertise and her interest in CMS and state regulation she monitors BCA’s Coding Question Program. Ginger has extensive experience with data extraction from multiple EMR/EHR products, making her Brown Consulting’s ‘go to EMR advisor.’ Ginger has taken the lead in our new 15-Minute Coding Pearl Series. She plans to make these brief, topic-focused, on-demand recording available to clients on our codinghelp.com website in October 2016.

Historically, Ginger served as a member of the compliance committee and was responsible for writing policies and procedures related to billing, coding and auditing. Ginger obtained her Certified Professional Medical Auditor (CPMA) credential in 2014. Ginger has served the coder-community in many ways with her most recent duty as past President of her local American Academy of Professional Coders (AAPC) chapter.
Holly E. Gault, BSN, AAS joined the Brown Consulting team in 2016. She earned a Bachelor of Science degree in Nursing from Idaho State University in 2009. Holly began her transition from a home health/hospice RN to Health Information Management by returning to ISU where she earned an Associate Degree in Health Information Technology and graduated in May 2016. She is eligible to sit for the national RHIT examination.

Although a new Health Information graduate, Holly is no stranger to teaching. As an honor student during her ISU academic years, she was employed by ISU as a tutor. Her training duties included topics such as anatomy, physiology, pathology, biology, ICD-10-CM diagnosis coding, ICD-10-PCS coding, and CPT coding. She also provided EMR training.

Holly is currently helping to develop BCA’s 15-Minute Coding Pearl educational series, which are brief on-demand videos. You are invited to view these videos at codinghelp.com.

Brown’s Commitment Brown Consulting Associates, Inc. has provided national physician training services since 1989. BCA recognizes the increasing and constantly changing demands placed on the physician office by federal and state government, CMS, PCMH programs, value-based reimbursement projects and private insurance carriers. In addition to serving physician offices, Brown Consulting Associates provides specialized training for various third party payers, outpatient hospital-based clinics, and Federally Qualified Health Centers and Rural Health Clinics. Brown Consulting Associates offers physician and staff education designed and customized to enhance quality, operations and federal compliance.

Our association with the American Health Information Management Association, American Academy of Professional Coders, Medical Group Management Association as well as other groups, helps us to stay in touch with current issues and trends. Our programs and services are designed to assist physicians and their staff to meet the new demands and challenges of coding, documentation, compliance and reimbursement. Customized in-office services and web-based programs designed to educate clinicians, coders and staff will continue to be our focus.
Contributors to Obesity

Behavior:
- Unhealthy diet; high caloric, processed, fatty foods
- Inactivity

Medical Conditions:
- Genetics
- Comorbidities
- Medication

Social/Economics:
- Lack of education about healthy diet and lifestyle
- Lack of safe places to exercise
- Decreased access to healthier foods because of location and cost

Diagnosis Coding

Screening & Counseling

Screening:
- Encounter for screening for nutritional, metabolic and other endocrine disorders (Z13.2-)
- Encounter for screening for digestive system disorders (Z13.81-)

Counseling:
- Dietary counseling and surveillance (Z71.3)
- Other specified counseling (Z71.89)
ICD 10 Diagnosis Coding

Adult Obesity

Code first the type of obesity

- Overweight E66.3
- Other Obesity due to excess calories E66.09
- Morbid (severe) obesity due to excess calories E66.01
- Drug-Induced obesity E66.1
- Morbid (severe) obesity w/aveolar hypoventilation (Pickwickian syndrome) E66.2
- Other obesity E66.8

Obesity and BMI Diagnoses

Two Codes For Complete Documentation

1. The diagnosis of “overweight, obesity or, morbid obesity” must be decided by the physician or other qualified healthcare practitioner (MD, DO, NP, PA, CNM).
2. The BMI may be documented by a nurse or assistant.
3. The BMI... codes should only be reported as secondary diagnoses.”
Measuring Obesity – BMI

Often Calculated by the EMR

B MI calculated with:
1. Age
2. Gender
3. Height
4. Weight

\[
\text{BMI} = \frac{\text{Weight (kg)}}{\text{Height}^2 (m^2)}
\]

ICD 10 Diagnosis Coding

Adults BMI
(21 or older)

<table>
<thead>
<tr>
<th>BMI Range</th>
<th>Overweight Code</th>
<th>ICD-10 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.0 - 26.9</td>
<td>E66.3</td>
<td>Z93.25</td>
</tr>
<tr>
<td>27.0 - 27.9</td>
<td>Z93.26</td>
<td></td>
</tr>
<tr>
<td>28.0 - 28.9</td>
<td>Z98.27</td>
<td></td>
</tr>
<tr>
<td>29.0 - 29.9</td>
<td>Z98.28</td>
<td></td>
</tr>
</tbody>
</table>

Example:
- Overweight: BMI 27.4
- Code: E66.3 Z68.27
ICD 10 Diagnosis Coding

Pediatric Obesity & BMI
(Ages 2-20)

Code first the obesity type
Code also BMI

<table>
<thead>
<tr>
<th>Code type from the left &amp; BMI from the right.</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight E66.3 85th to &lt; 95th percentile for age</td>
<td>Z68.53</td>
</tr>
<tr>
<td>Obese E66.9 = / &gt; 95th percentile for age</td>
<td>Z68.54</td>
</tr>
</tbody>
</table>

Two Ways to Choose the Visit Code

Choose Based on “Counseling Time” or “Components”

E/M New Patient and Established Patient CPT codes may be assigned based on:

1. **Counseling time** may be considered as an alternate code selection technique when more than 50% of clinician-patient face-to-face time was devoted to counseling. *Three documentation elements are required.*

2. **Components:** Documentation of “medically necessary” History, Exam, and MDM (medical decision making).
E/M Based On Counseling Time

_Total time, > 50% Counseling, & Content_

**Required Documentation**

*at a minimum, all three listed*

1. **Total time face-to-face** with clinician.
2. Prove in documentation **more than 50%** of the total time was devoted to counseling by clinician.
3. Document details of **counseling content**.

As always, the coder will look to an excellent.

**Assessment & Plan** with diagnoses that tell the story, have clear patient instructions, and a follow-up plan.

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99213 E/M Visit **Time**

*From The CPT Code Book*

**99213** Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:

1. *Expanded problem focused history*
2. *Expanded problem focused examination*
3. *Low complexity medical decision making*

...Usually the presenting problem(s) are of low to moderate severity. **[Typically 15 minutes]** are spent face-to-face with the patient...
Note Based On Time

Counseling Time

CC: F/U for Obesity
HPI: 55 year old female states she is feeling better, has lost 10lbs since her last visit two months ago. She has been taking an aqua-size class at the local gym three times a week. Taking her Phentermine as prescribed.
Exam: Vitals “RR 18, HR 60, BP 140/95, BMI 26.3”
CV: RRR, no murmurs,
RESP: CTA bilateral
Assessment & Plan:
1. Overweight (E66.3) Congratulations on 10 lb progress.
2. BMI 26.3 (Z68.26)
Spent 15 minutes of this 20 minute visit face-to-face with patient and counseled about 1200 calorie ADA diet. Watch food proportion and colorful food selection. Continue current exercise regime and Phentermine (37.5 mg daily). Return visit set for 2 months.

Time Documentation Requirements
1. Total time ✔
2. > 50% counseling ✔
3. Counseling content ✔

Coding based on well-documented counseling time supports 99213.

E/M Based on Components

History, Exam, and MDM

The three key E/M components are history, exam and medical decision making. Each E/M code requires varying and increasing amounts of each. Components are “counted” and scored by auditors based on the overarching requirement that they are “medically necessary” today.

1. History - (CC, HPI, ROS, Med., Social & Family Hx)
2. Physical Examination - (number of body systems)
3. MDM - (noted in Assessment/Plan) Scored based on number of diagnoses, their interventions and status (new problem, stable prob., worsening prob.,) etc.

Review CPT and CMS for guidance
99213 E/M Visit **Components**  
*From The CPT Code Book*

**99213** Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:

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...Usually the presenting problem(s) are of low to moderate severity. Typically 15 minutes are spent face-to-face with the patient...

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**Note Based On Components**

**Hx/Exam/MDM**

**Components**

**HISTORY:**  
CC, HPI & ROS supports 99213

**EXAM:**  
supports 99213

**MDM:** supports 99213

Code based on components = 99213 today

- **CC:** Headaches
- **HPI:** Visit date 8-20-2016, 35 year old female complains of headaches in the afternoon. Start at the base of her neck and radiates over the whole head. Only comfort is Excedrin migraine with sleep. Headaches occur at least twice a week for the past 2 months.
- **ROS:** Denies fever, acute illness, increase in appetite, or increase in urinary frequency.
- **Exam:** Vitals “RR 16, HR 60, BP 140/95, BMI 40.5”  
  **CONST:** Morbidly obese female.  
  **NECK:** no swelling, normal thyroid  
  **CV:** RRR, no murmurs.

**Assessment & Plan:**

1. **Diabetes Mellitus type 2 (E11.65)** Glucose still elevated starting oral medication. Monitor glucose in AM&PM. Keep log for return visit in 30 days.
2. **Elevated blood pressure (R03.0)** High compared to previous visits. Will monitor for HTN pattern; keep log for return visit.
3. **Morbid Obesity (E66.01)** Lost 10lbs since last visit: 5-14-2016. Continue weight loss program at gym.
4. **BMI 40.5 (Z68.41)**
Other Visit Code Considerations

CPT Preventive Medicine Counseling

99401-99404 Individual counseling
99411-99412 Group counseling

Medical Nutrition Therapy

97802 Initial assessment/intervention; individual; 15 min
97803 Reassessment/intervention; individual; 15 min
97804 Group (2 or more); 30 min

Medicare Intensive Behavioral Therapy for Obesity

G0447 Individual Behavior Counseling; 15 min
G0473 Group Behavior Counseling 30; min

– One face-to-face visit every week for the first month;
– One face-to-face visit every other week for months 2-6; and
– One face-to-face visit every month for months 7-12,
  • If the beneficiary meets the 3kg (6.6 lbs) weight loss requirement during the first 6 months.
Frequently Asked Questions

1. Is it okay if I only code the BMI:

   BMI is a secondary code and needs to be paired with the correct obesity diagnosis.

2. What is the point of coding obesity?

   - Obesity increases the risk for HTN, DM, & Cardiac conditions.
   - Reaching and staying at a healthy weight is a long-term challenge.
     With the right treatment and motivation, it’s possible to lose weight
   - BMI 40-70 have HCC attached

3. How do I code obesity for an OB patient?

   Code O99.21- (6th is trimester) “Obesity complicating pregnancy”
   Code the type of obesity E66.-
   Code the BMI Z68.-
   [http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Weight-Gain-During-Pregnancy#table1]

In Summary

- When obesity is a condition being managed today remember:
  - Code the type and level of the condition
  - Code any associated/underlying conditions
  - Code the BMI
- When managing other conditions consider if the patient’s weight management affects care today.
- Decide if the E/M visit will be coded based on key components (Hx, Ex, & MDM), or based on time with a good counseling note.

Thank You!
Do You Have Questions?

You may send us your coding questions
codingquestions@codinghelp.com

Resources


General Training Disclaimer

• “CPT” is a registered trademark of the American Medical Association. Their codes, descriptions and manual content are copyright by the AMA. All rights are reserved by the AMA.
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• Third-party payment guidelines vary. Confirm payment guidelines with your payers of interest.
Coding Pearl Evaluation - Brown Consulting

Please scan & email to laura@codinghelp.com or fax to 208-736-1946

Your web based training session:

1 Did you watch the entire training?  ☐ Yes  ☐ No

2 Rate your coding competence prior to training.  ☐ ☐ ☐ ☐

3 Rate the training.  ☐ ☐ ☐ ☐

4 Did you find this training process valuable?  ☐ Yes  ☐ No

5 Will your coding change as a result of training?  ☐ Yes  ☐ No

Please note any recommendation for improvement of this training program:

Please note any comments or recommendations you may have for administration:

Please note any follow-up you are requesting from the trainer: