

## **Guidance on CODING:**

### **Obesity and related co-morbidities for primary care pediatricians**

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Pediatricians often are frustrated by the inability to collect payment for office visits when they have counseled patients and their families on obesity, its prevention or its treatment. Not only is it a complex, multifactorial condition, private and public insurance carriers most often limit reimbursement and coverage for overweight/obesity services. The Department of Health and Human Services Center for Medicare and Medicaid Services announced in July 2004 that it was removing language from Medicare regulations that stated that obesity was not an illness. However, it remains to be seen whether private insurance carriers, employers, and HMOs will follow suit by recognizing the obesity diagnosis code and consider effective treatments for overweight and obese kids. The majority of kids are still covered by employer-based health insurance plans. Following are some guidelines on how to bill and get paid for what you do.

#### **CPT codes**

Initial assessment of obesity and its co-morbidities usually involves a lot of time determining the differential diagnosis, a diagnostic plan and potential treatment options. Therefore, most pediatricians will report either an office/outpatient evaluation and management (E/M) code using time as the key factor or a consultation code for the initial assessment.

For established patients, the Office or Other Outpatient Services E/M codes are the 99212-99215 series; the Consultation codes are from the 99241-99245 series. If someone other than the family, such as another physician, school nurse or psychologist, requests the patient visit, the Consultation codes are appropriate, and a report back to the requester is necessary. This may simply be a copy of your office notes. Consultation codes often are reimbursed at a higher rate than the Office or Other Outpatient Services E/M codes. For a new patient, the same rules apply, but the E/M codes are the 99201-99205 series. The Consultation codes are the same

whether the patient is new or established. If the pediatrician provides prolonged services (i.e., beyond the typical representative time for that level of visit), the following codes may be used:

99354/99355: *Outpatient face-to-face* prolonged services: 30-74 minutes/more than 74 minutes

99358/99359: *Non-face-to-face* prolonged services in *any setting*: 30-74 minutes/more than 74 minutes

The time involved does not need to be continuous. Thus for non-face-to-face services, you may call a colleague for advice or for a referral later that day. However, not all third-party payers reimburse for these codes.

The above codes are “add-on” codes, meaning they are reported separately in addition to the appropriate code for the service provided (e.g., Office or Other Outpatient Services codes, mentioned above).

### **Procedure codes**

If you do any tests in your office, such as a random metered glucose or urine dip for glucose, those procedures should be billed as appropriate.

### **ICD-9-CM codes**

Many physicians are comfortable with CPT coding their services; however, many are not successful in getting the diagnosis of obesity reimbursed by third-party payers. The Obesity Coding Fact Sheet, available at [www.aap.org/obesity/physeducation.htm](http://www.aap.org/obesity/physeducation.htm), contains a list of ICD-9-CM codes for obesity-related disorders and co-morbidities.

The collective experience of the AAP Task Force on Obesity is that if co-morbidities to obesity exist, coding one of the co-morbidities as the primary diagnosis is successful, as most of these codes are recognized. You also must code for the obesity. Doing so will enable insurance carriers to see how prevalent obesity is among children.

Numerous ICD-9-CM codes are to be used for issues that are not specifically a disease or injury but “problems.” The Task Force on Obesity has found that these codes are not uniformly recognized by third-party payers but may be appropriate, especially when addressed during

well-child care. These V-codes should not be “stand alone” codes for obesity and its co-morbidities, but additional codes to support your time and level of service rendered.

## **CODING RESOURCES**

AAP offers help with obesity services coding through traditional CME courses and through its staff and expert committees. The AAP “Get Paid For What You Do” coding CME courses have begun to incorporate obesity-related cases to help with pediatricians improve coding and documentation practices. Information on these courses can be found at [www.pedialink.org](http://www.pedialink.org).

Additionally, the Committee on Coding and Nomenclature and the Task Force on Obesity created an “Obesity Coding Fact Sheet” and “Template Letter to Handle Denials” to help pediatricians get paid for providing obesity-related services.

The fact sheet and information on all AAP obesity resources and activities can be accessed from the AAP Overweight and Obesity Web site ([www.aap.org/obesity](http://www.aap.org/obesity)) and the template letter is accessible from the AAP Member Center web site, or Private Sector Advocacy web page ([www.aap.org/moc](http://www.aap.org/moc)). For questions regarding coding, please contact the AAP Coding Hotline at [aapcodinghotline@aap.org](mailto:aapcodinghotline@aap.org). For questions regarding reimbursement and coverage, please contact Lou Terranova at [lterranova@aap.org](mailto:lterranova@aap.org). The Task Force on Obesity is currently working on a resource kit for pediatricians to use in the office to aid with assessment, prevention, and treatment of obesity.

### **Fact sheet for pediatricians**

The Obesity Coding Fact Sheet can help pediatricians get paid for providing obesity-related services. The fact sheet is accessible on the AAP Overweight and Obesity Web site, [www.aap.org/obesity/physeducation.htm](http://www.aap.org/obesity/physeducation.htm) and the template letter to handle denials can be accessed from the AAP Member Center web site, Private Sector Advocacy web page ([www.aap.org/moc](http://www.aap.org/moc)). The fact sheet was developed by the AAP Task Force on Obesity, Committee on Coding and Nomenclature, and the Private Sector Advocacy Advisory Committee.