Use it and Lose it: Tackling Obesity through Utilizing Available (And Reimbursable) Resources

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Pathways to Nutrition Counseling & Obesity Treatment
Providing Nutritional Care in the Office Practice

- Provision of dietary counseling in the office setting will be enhanced by using team-based care and electronic tools.

- Effective provider-patient communication is essential for fostering behavior change: the key component of lifestyle medicine.

- The principles of communication and behavior change are skill-based and grounded in scientific theories and models.
  - Motivational interviewing and shared decision making, a collaboration process between patients and their providers to reach agreement about a health decision, is an important process in counseling.
  - The 5 A’s also can be used as an organizational construct for the clinical encounter.
  - The behavioral principle stages of change, self-determination, health belief model, social cognitive model, theory of planned behavior, and cognitive behavioral therapy are used in the counseling process.

Kushner & Mechanick, 2016
Using the 5A’s

Universal strategy useful in many chronic conditions

The 5A’s
- **Ask** about readiness to lose weight
- **Advise** in designing a weight-control program
- **Assess** obesity risk
- **Assist** in establishing appropriate intervention
- **Arrange** for follow-up

PCP most frequently **Ask/Advise**, but rarely **Assess/Assist/Arrange** – which is most associated with behavior change and weight loss

**Arrange** for follow up linked to actual weight loss
- Frequency
- Accountability

Serdula et al., 2003
Unique Referral Methods for Medicaid Beneficiaries
MEDICARE Coverage

The evidence is adequate to conclude that intensive behavioral therapy for obesity, defined as BMI ≥ 30 kg/m², is reasonable and necessary for the prevention or early detection of illness or disability and is appropriate for individuals entitled to benefits under Part A or enrolled under Part B and is recommended with a grade of A or B by the U.S. Preventive Services Task Force (USPSTF).

Intensive behavioral therapy for obesity consists of the following:

- 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

Service is provided by a qualified PCP in a primary care setting:

- 22 visits in 12 month period
  - 1 visit per week in first month
  - 2 visits per month through month 6
- At month 6 – if has lost 3 kg (6.6 lbs) - continue to be seen for this service to month 12
  - If has not – needs to wait 6 months and be reassessed by physician & start again
- Months 7 through 12 – seen once a month
MEDICAID Coverage: Nutrition Counseling for Obesity Initiative

In April 2013, Obesity (BMI>30) was formally recognized as a disease!!

Approximately 30% of Medicaid recipients are considered obese

A.M.A. Recognizes Obesity as a Disease

By ANDREW POLLACK  JUNE 18, 2013

The American Medical Association has officially recognized obesity as a disease, a move that could induce physicians to pay more attention to the condition and spur more insurers to pay for treatments.

13th highest 31.7% (2015)
Nutrition Counseling Policy

August 1, 2015

SC DHHS/Medicaid launched a nutrition counseling initiative to help change behavior and establish better food choices in our diet by pairing patients with the nutrition experts – Registered/Licensed Dietitians!
The Initiative

As part of Scale Down SC, SC Obesity Action Plan

- Improve **patient care** by enhancing the health care system’s ability to effectively diagnose, counsel and refer patients to needed obesity treatment, nutritional counseling and support services

Population targets:
- Those insured under **Medicaid**
- Adults with a **BMI ≥ 30 kg/m²**
- Children with a **BMI ≥ 95th percentile**

Reimbursed services:
- Six visits with a **Primary Care Provider**
  - physician, physician assistant and/or nurse practitioner
- Six visits with a **registered, licensed dietitian**
**Intervention Flow**

**Identification**
- Initial visit with Physician, Physician’s Assistant, Nurse Practitioner. Adult Medicaid beneficiary with BMI 30+. Establishes exercises plan for 5 subsequent visits and refers to a Licensed Dietitian.

**Referral**
- Referral to Licensed Dietitian for Nutritional Counseling. Sets appointment. Handles referral process and follow-up.

**Licensed Dietitian**
- LD reviews physician plan with patient and establishes plan to include follow-up during subsequent visits.

**Reporting**
- Licensed Dietitian reports back to referring physician within 48 hours. Shares healthy eating plan and patient compliance.
Guidelines for Pediatricians

- Pediatricians may address obesity management after diagnosing during EPSDT visit.
- SCDHHS recommends the physician utilize the 5 A’s as recommended by the USPSTF.
- Pediatricians can bring a child back for obesity related visits and utilize existing CPT and ICD-10 codes.
- Also, they may now refer patients to licensed dietitians for nutritional counseling.
- Dietitians will use the 97 code series for children.
Billing Healthcare Common Procedure Coding System (HCPCS) Service Codes

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>For Pediatricians</th>
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</thead>
<tbody>
<tr>
<td>99201-99215</td>
<td>Provider must bill the appropriate level of Evaluation and Management Services.</td>
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Document ICD-10 Diagnosis Codes:
Z68.54 Pediatric BMI greater than or equal to 95th percentile for age
Z71.3 Dietary surveillance and counseling
Billing HCPCS Service Codes for Licensed Dietitians and Pediatricians

<table>
<thead>
<tr>
<th>HCPCS Codes</th>
<th>Modifier</th>
<th>Description</th>
<th>Maximum Units per calendar year</th>
</tr>
</thead>
<tbody>
<tr>
<td>97802</td>
<td>-</td>
<td>Medical nutrition therapy; initial assessment and intervention, individual, face to face with the patient (15 min. session) Initial visit only</td>
<td>2</td>
</tr>
<tr>
<td>97803</td>
<td>-</td>
<td>re-assessment and intervention, individual face to face with the patient (15 min. session)</td>
<td>10</td>
</tr>
<tr>
<td>97803</td>
<td>HB</td>
<td>Group Face to face behavioral counseling</td>
<td>Total of 10 subsequent for either group or individual behavioral counseling</td>
</tr>
</tbody>
</table>

- RD reimbursement amount is **$13.91 per 15 min. session ($27.82 daily max.)**
- All groups are limited to five (5) patients
- Nutritional counseling units billed are based on a 15 minute time unit session and are limited to two per day with a maximum of 12 in a year.
Utilization Statistics

- 105 RD/LDs enrolled as providers in Medicaid
- FY2017 – Update (July – November 2016)
  - Pediatrics
    - 5,928 E&M provider claims with obesity diagnosis
    - Initial visit (97802) – 1,600
      - 114 of which were RD
    - Return visit (97803) – 93
      - 77 of which were RD
- SC DHHS sent survey to RDs to build statewide map to help providers identify RDs
Challenges

- **Number of visits**
  - 12-26 for Medicare IBT
  - 12 for Medicaid
  - split 6 RD/6 MD

- **Length of visits**
  - 30 min too short for initial

- **Reimbursement Rate**
  - $27.82/30 min (RD)
  - Cost-prohibitive for private practice

- **Making the connection**
  - MDs may not know local RD
  - RD they do know may not be enrolled in Medicaid

- **Codes new/different**