

Internal Medicine Coding Alert

Reader Questions: Diabetes Assessment, Group Session Require Separate Codes

Question: After the internist diagnoses a new patient with type II diabetes mellitus, the practice's certified nutritionist meets with the patient for a 45-minute initial assessment and intervention. The patient later returns for a two-hour group session that involves re-assessment and intervention. How should I code these sessions?

Kentucky Subscriber

Answer: Because the codes for the initial assessment and the group session are time-based, you'll need to add up the total time for each session and code accordingly.

There were 45 total minutes for the assessment, so you should report 97802 (Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes) x 3 for that session.

For the group follow-up session, report 97804 (... group [2 or more individual(s)], each 30 minutes) x 4.

Don't forget: Attach 250.00 (Diabetes mellitus without mention of complication; type II or unspecified type, not stated as uncontrolled) to 97802 and 97804 to represent the patient's diabetes.