

## Part B Insider (Multispecialty) Coding Alert

### Part B Errors: Documentation for Obesity Counseling Sorely Lacking, CMS Says

**Don't forget the 'Five A' strategy in your documentation.**

When CMS established code G0447 in 2011, Part B practices were thrilled to have a way to report obesity counseling. However, in the three years that have passed since the code debuted, several issues have cropped up that plague these claims—and you should know what they are if you want to collect for your services.

**Background:** You can report G0447 (Face-to-face behavioral counseling for obesity, 15 minutes) if your patient has a body mass index (BMI) of 30 kg/m<sup>2</sup> or higher and you perform obesity counseling. Medicare will reimburse you for one visit per week for the first month and one visit every other week between months two and six. In addition, if the patient loses 6.6 pounds during the first six months, he is eligible for an additional visit every month for months seven through 12.

#### Focus on Physician Records

Even if you meet the criteria above, however, you still might forfeit your obesity counseling payments if you don't document appropriately. During a recent CERT review, CMS found that 92 percent of improper payments in this category stemmed from insufficient documentation, according to the July 2014 Medicare Quarterly Provider Compliance Newsletter.

Common examples of documentation errors included no physician signature, lack of documentation of the patient's clinical condition, missing notation of the patient's BMI, no documentation indicating that after six months, the patient had lost 6.6 pounds or more, and missing documentation of the actual counseling and dietary assessment.

If you provide obesity counseling, keep the "Five A" strategy in mind when completing your documentation to ensure that the following five factors are in your documentation, according to MLN Matters article MM7641:

- 1. Assess.** Ask the patient about his behavioral health risk and any factors impacting his choice of behavior change goals and methods.
- 2. Advise.** Offer clear and specific personalized behavior change advice, with information about personal health harms and benefits.
- 3. Agree.** Work with the patient to choose treatment goals and methods that the patient will likely be willing to perform.
- 4. Assist.** Help the patient achieve his goals via behavior change techniques like counseling so he can get the skills, confidence and support required to follow the plan.
- 5. Arrange.** Schedule follow-up to continue to support the patient and adjust the treatment plan when necessary.

In addition, be sure to use the appropriate ICD-9 code that indicates the patient's high BMI (V85.30 to V85.39 and V85.41-V85.45).

**ICD-10 tip:** Starting Oct. 1, 2015, you'll instead report the diagnosis codes Z68.30-Z68.39 and Z68.41-Z68.45.

**Resource:** To read the July 2014 Medicare Quarterly Provider Compliance Newsletter, which discusses the common obesity counseling errors, visit

<http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedQtrlyComp-Newsle>

[tter-ICN909012.pdf](#).