

# Payment System Thwarts Efforts to Treat Obesity

*Many physicians try to get counseling reimbursed by coding for related comorbidities such as diabetes.*

BY MARY ELLEN SCHNEIDER  
Senior Writer

With the obesity epidemic growing, physicians are facing a payment system that hasn't caught up.

Although coverage varies by payer, most Medicare carriers do not pay for office visits coded only for obesity and the same is true for most private payers, physicians told this newspaper.

"The payment mechanism is certainly lagging behind," said Sandra Hassink, M.D., a member of the American Academy of Pediatrics' national task force on obesity and director of the weight management program at the Alfred I. duPont Hospital for Children in Wilmington, Del.

As a result, many physicians find ways to get counseling paid for by coding for related comorbidities such as diabetes or heart disease, said Donna E. Sweet, M.D., chair of the board of regents of the American College of Physicians and professor of internal medicine at the University of Kansas in Wichita.

But that's far from a perfect solution,

she said. If physicians could code for obesity as the primary diagnosis they could spend less time trying to work around the payment system, she said. And they could perform early interventions to keep obesity and overweight from leading to diabetes and heart disease, she said.

Payment for obesity counseling and interventions is part of a larger problem with the episode-driven payment approach, she said. "So much of this revolves around fixing our payment system," Dr. Sweet said.

But there isn't complete agreement about whether third-party payment for obesity treatment would help patients, said G. Michael Steelman, M.D., a bariatric physician in Oklahoma City and president of the American Society of Bariatric Physicians. Many members of his group are split on this issue, he said.

One side argues that if insurers would pay for this care, patients would seek it out and stay in treatment. But others say that requiring patients to pay for these services out of pocket provides financial motivation to follow their physician's advice. "In obesity, there's a lot of work the patients

needs to do when they leave the office," he said.

Dr. Steelman said he favors a compromise position in which reimbursement is conditional on some measure of success. For example, payers could cover visits as long as the patient is losing weight or maintaining weight below a certain point, he said.

The bottom line, Dr. Steelman said, is that insurers will generally be unwilling to invest in obesity interventions until physicians can demonstrate that they are getting results.

In the meantime, physicians should learn how to code so they have the best chance of getting paid for their time, said Jamie Calabrese, M.D., a member of the American Academy of Pediatrics' national task force on obesity and medical director of the Children's Institute in Pittsburgh, Pa.

While most carriers won't pay for interventions associated only with obesity, most patients who are obese have other comorbidities. Dr. Calabrese recommends that physicians code the comorbid condition as the primary diagnosis and including obesity as the secondary diagnosis. With that as the starting point, there are multiple ways to code for weight management counseling, she said.

Physicians can use the basic evaluation and management CPT codes (99212-

99215) or, if the patient was referred by another provider, the physician can use the consultation codes (99241-99245). When spending extra time with a patient, physicians should use the prolonged face-to-face codes (99354-99355). The prolonged time codes can be used when the physician goes beyond the usual time for that visit but that time doesn't need to be continuous, Dr. Calabrese said.

Typically if physicians code accurately, they will get paid fairly, Dr. Calabrese said. And there is some movement on this issue as some insurers begin to provide payment for the obesity code, she said. There's a potential for a partnership between physicians and payers, who can provide physicians and patients with the tools they need to deal with obesity, she said.

Highmark Inc. of Pittsburgh is doing just that. Starting in January 2006, the health plan will include coverage for obesity interventions as part of its preventive health benefits package. That means that it will begin paying physicians who code for obesity as the primary diagnosis.

This is expected to result in two extra visits a year when coding for obesity alone, said Donald Fischer, M.D., chief medical officer for Highmark Inc. And it will allow the health plan to collect more information on obesity, he said. ■

## Physicians Sought to Test Electronic Health Record Software

BY MARY ELLEN SCHNEIDER  
Senior Writer

Officials at the Centers for Medicare and Medicaid Services are seeking physicians to test electronic health record software originally developed by the Department of Veterans Affairs and adapted for use in physicians' offices.

CMS is releasing a test version of the software—called VistA-Office—in an effort to assess its effectiveness, usability, and potential for interoperability in small physician practices, the agency announced late last month.

"The release of an evaluation version of VistA-Office will provide a testing laboratory for interoperability and will supplement efforts by the American Health Information Community to establish a certification criteria and process," CMS Administrator Mark B. McClellan, M.D., Ph.D., said in a statement.

The goal is to refine the software based on the results of the test period and develop a version of the VistA-Office electronic health record (EHR) that could be certified under a process recognized by the Department of Health and Human Services.

The VistA-Office EHR was adapted from the hospital information system that is used by the Department of Veterans Affairs (VA). The VA information system is used at 1,300 sites nationwide and has

been in use for more than 20 years.

The test version of the software includes core functions such as clinical order entry, standard progress note templates, and results reporting. It also includes features designed specifically for physician offices including interfaces to existing practice management and billing systems, quality measure reporting capabilities, clinical reminders for disease management, and templates for ob.gyn. and pediatric care.

**In a beta test, physicians would have to run the test software parallel to their paper systems. That step can cost in terms of time and money.**

The VistA-Office test software will not be free. The first-year costs (cost of software, licensing fees, and support) are estimated to be about \$2,740 for a group of 1-7 users, according to a CMS spokesman, who added that practices are likely to incur added office staff costs associated with implementing the EHR.

Health information technology experts welcomed the testing of a new office-based EHR product, but cautioned that not all physician practices are suited to becoming a beta-test site.

"It's good for physicians to have more choices," said Mark Leavitt, M.D., Ph.D., chair of the Certification Commission for Healthcare Information Technology, a voluntary, private-sector initiative to certify health information technology products.

But Dr. Leavitt warned that participating in a beta test isn't for everyone. Generally in such a test, practices are not supposed to rely on the new software, so

physicians would have to run the test software parallel with their paper systems. That extra step can cost the practice in terms of time and money, he said.

"A beta test definitely stresses the office," he said.

The best candidates for a beta test are physicians who are technically savvy and who have the extra time and interest to devote to the project, Dr. Leavitt said.

Physicians should carefully review the VistA-Office product before volunteering to test it and not just choose it because it is less expensive than some other options on the market, said Joe Heyman, M.D., secretary of the board of trustees of the

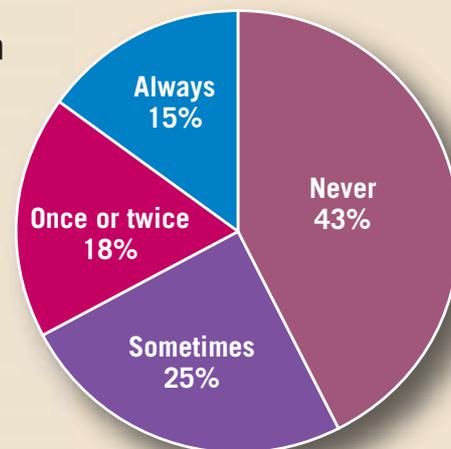
American Medical Association and a gynecologist in solo practice in Amesbury, Mass.

As with any other EHR, it's important for physicians to survey their own office and work flow, he said. ■

*Physicians who are interested in being part of a beta test should contact an approved vendor who will actually run the test of the software. Vendors will select a small number of physician practices to participate. A list of approved vendors is available online at [www.vista-office.org](http://www.vista-office.org). A video demonstration of the VistA-Office software is available at [www.vista-office.org/software/demo](http://www.vista-office.org/software/demo).*

### DATA WATCH

**More Than Half of Patients Discussed Health Information Found Online With Their Physician in the Past Year**



Notes: Based on a nationwide survey of 1,015 adults conducted June 7-12, 2005. Percentages do not add up to 100% because of rounding. Source: Harris Interactive