

Making Group Visits financially feasible for Diabetics and Pre-Diabetics

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Introduction

Efficacy of group visits for diabetes care and education has been well documented. However physicians continue to struggle with billing of group visits to make them financially feasible.

- Physicians gravitate to systems that allow quality care and good reimbursement.
- The “classic” system allows a physician to see a patient every 10-15 min, and allows for billing of visits based off of time.
- Group visit model in Families United study required 1.5 hours of physician time in group, as well as prep time.
- There is no set standard for billing group visits, requiring creative billing techniques for this model.

Methods

- Conducted a literature review for articles with key words of “diabetes” and “group visits.”
- The terms “billing” and/or “coding” were added in a sub-category search of the above results.
- A general web search within academic institutions (such as the ADA and AAFP) for group visit tutorials and FAQs. Specifically pertaining to billing and coding.
- Utilizing the above information the coding suggestions were then applied to the Families United model
- Meetings with coding experts for a review of these findings, and further insights.

Results

- Generalized consensus among physicians to bill separate E&M codes 99213/4, supported by AAFP
- CMS, when queried, recommends use of 99078
- CMS also stated that you *may* use individual E&M codes in group settings, but cannot bill for the time or education provided to all the patients present.
- May also utilize other codes in addition to E&M codes if certified individuals are present.



Families Choosing
Healthy Lifestyles to
Reduce the Risk of
Type 2 Diabetes

Codes	Medicare Reimbursement	Medicaid Reimbursement
99213/4- physician	\$49.47/\$75.82	\$39.33/\$60.50
99078 – physician education in a group	Not covered	Not covered
96153 – health and behavior intervention	\$4.42	\$4.31
97804 - Nutritionist	\$14.51	\$12.03
G0109 – DM educator group education	\$16.18	Not covered
99411 – Preventative med in group setting	Not covered	\$6.45

Conclusions

- The Families United model would easily allow for billing of the 99213 code
- Given the models inclusion of a nutritionist involved in the counseling of patients, can also bill for 97804.
- altering the physician documentation form to include more ROS and allow more complex decisions (i.e. meds changes) would allow for appropriate billing for 99214.
- depending on clinic set up and number of patients, billing E&M codes plus additional fee for counseling using the -25 modifier would be ideal system.
- change to a single code for all services would require change in policy of payer.

References

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