



# BILLING FOR BODY COMPOSITION

A STORY OF REIMBURSEMENT & ROI

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WITH DR. LESLIE GOLDEN  
MODERATED BY DR. NINA CROWLEY

HEALTH



# AGENDA

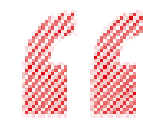
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- How to bill & maximize reimbursement for seca BIA scans
- Essential CPT codes & best practices for documentation
- Understanding payer contracts and compliance
- Avoiding common mistakes that lead to denied claims





# My BIA Story



BIA has brought tremendous value to our practice, both clinically and financially. Annually, we generate \$24,000–\$25,000 in revenue from BIA scans, helping us sustain the high-quality care we strive to provide.

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Dr. Leslie Golden, MD, MPH



# UNDERSTANDING THE VALUE OF BIA



Enhances patient care by providing detailed body composition data

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Supports clinical decisions in obesity management

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Potential to generate \$24,000 in annual revenue for practice

# KEY CPT CODES

**0358T: Whole body bioimpedance analysis (Category 3)**

- 99204–99205: Evaluation & Management (E&M) codes for new patients
- 99213–99215: E&M codes for established patients
- Modifier 25: Used with E&M codes when BIA performed during the same visit
- 99401–99404: Preventive counseling
- G0447: Intensive Behavioral Therapy

# BEST PRACTICES FOR DOCUMENTATION



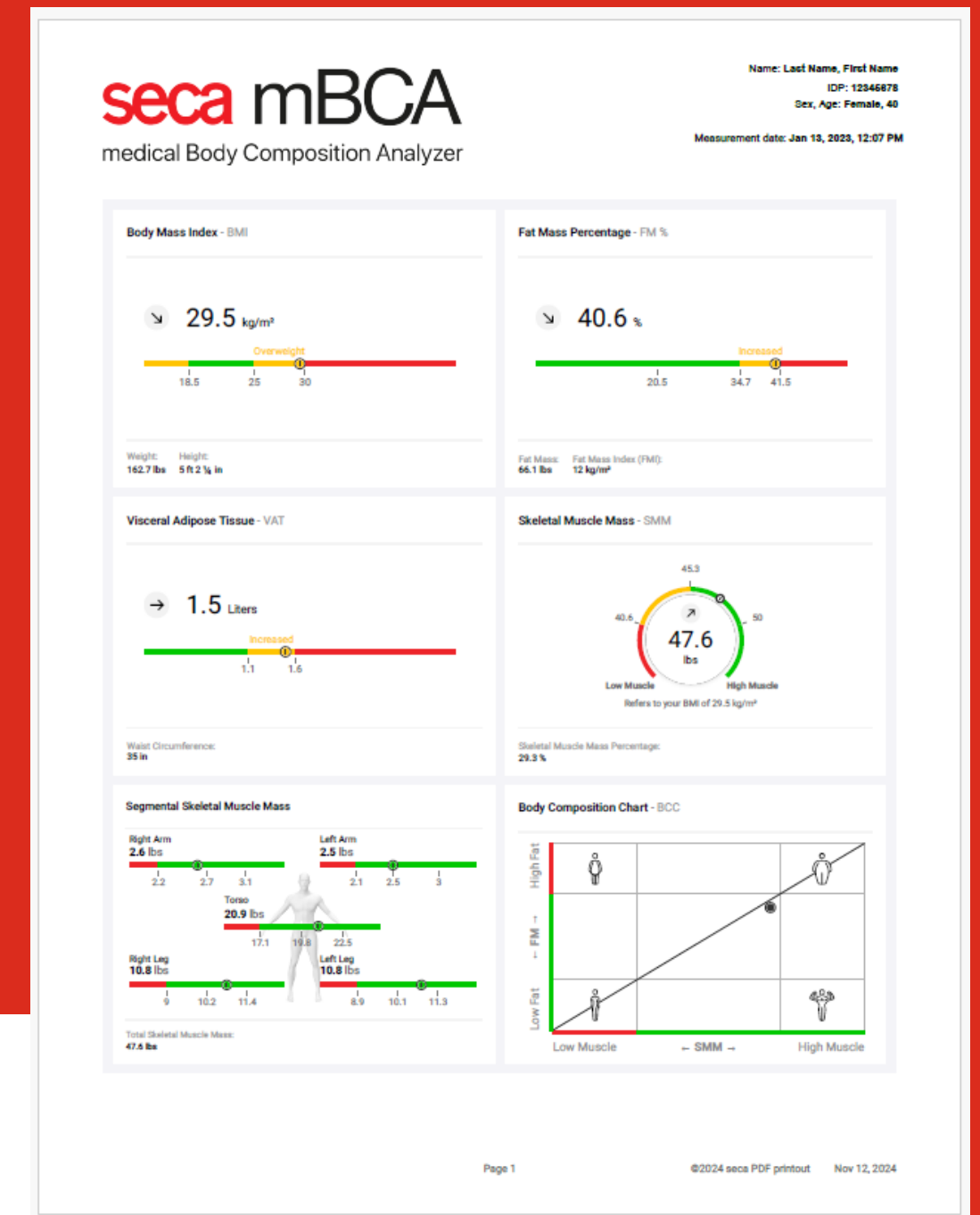
Ensure clear documentation of medical necessity for BIA



Use ICD-10 codes for obesity (E codes) and BMI (Z codes)



Include time spent reviewing results and creating care plans



Key Tip: Upload a copy of the BIA report directly into the EHR as some insurance companies require this documentation for reimbursement.

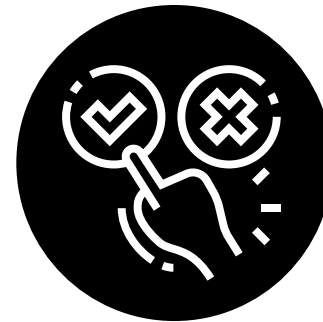


# DOCUMENTING BIA RESULTS IN THE EHR



## COMMENT IN YOUR NOTE

Include a summary of BIA results such as skeletal muscle mass, fat free mass, body fat mass or %



## DOCUMENT MEDICAL DECISION MAKING

Document how BIA results influenced your medical decision making (e.g., adjusting medication dosage or type, recommending resistance training, or modifying dietary plans)



## CREATE STANDARD TEMPLATES

Create a standard EHR template that prompts providers to add BIA results and their impact on care decisions

# MAXIMIZING REIMBURSEMENT



Review fee schedules to set your rates

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Medicare: ~\$23 per scan

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Commercial payers: ~\$17-43 per scan

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Recent reimbursement: ~\$43-63 per scan!

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**Rate strategy: Adjust rates to align with payer contracts, fee schedules, and communicating changes with patients**



# UNDERSTANDING PAYER CONTRACTS & COMPLIANCE

1

## NON-COVERED SERVICES

Know your payer contracts for non-covered services and balance billing

2

## CASH SERVICES COMPLIANCE

Ensure cash prices are not lower than contracted rates with payers

3

## PAYER RATES

Offering lower cash prices than payer rates can result in compliance risks and penalties

4

## MEDICARE BENEFICIARIES

Charging for services that are covered by Medicare is a compliance issue and can lead to audits and penalties

# COMPLIANCE TIPS

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- Use Advance Beneficiary Notice (ABN) for Medicare patients if coverage is uncertain
- Provide non-covered services forms for commercial insurance patients
- Ensure documentation aligns with payer agreements to avoid denied claims
- Key Tip: Ensure that ABNs are completed accurately to avoid compliance risks



# COMMON MISTAKES TO AVOID

- ✗ Failing to use Modifier 25 with E&M codes
- ✗ Insufficient documentation of medical necessity
  - Absence of results in the chart
- ✗ Inconsistent use of CPT codes across visits
- ✗ Absence of ABN
- ✗ Not monitoring billing protocols for adjustments

# STAFF TRAINING & CREATING BUY-IN



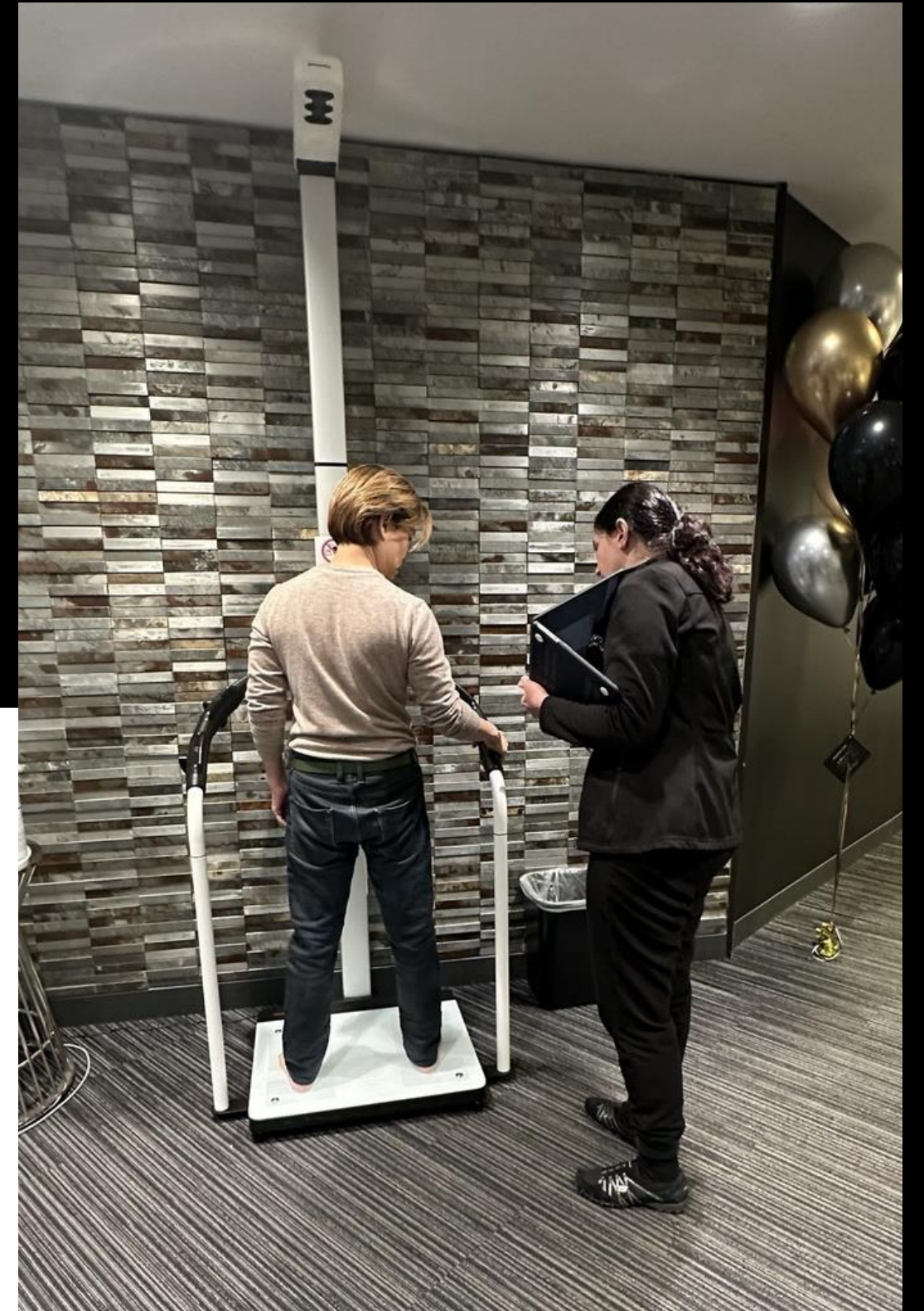
Educate staff on  
the value of BIA  
and  
reimbursement  
processes



Align BIA scans with  
clinical pathways  
(e.g., every three  
months)



Use EHR alerts  
to streamline  
scheduling for  
missed scans



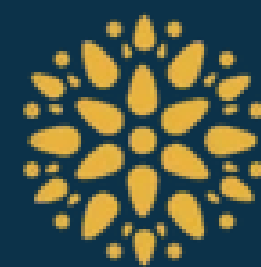




# Questions?

For additional questions,  
reach out to me by email:

[lgolden@weightingoldwellness.com](mailto:lgolden@weightingoldwellness.com)



Weight In Gold™

# BILLING FOR BIA

## A STORY OF REIMBURSEMENT AND ROI

— with Dr. Leslie Golden

Stay tuned for the  
practice guide!

### BILLING FOR BIA: A STORY OF REIMBURSEMENT AND ROI

#### Overview

Integrating bioelectrical impedance analysis (BIA) into obesity medicine and primary care can enhance patient outcomes by providing detailed body composition data to guide treatment decisions. However, understanding the reimbursement landscape is essential for financial sustainability. In this practice guide, Dr. Leslie Golden shares her

journey navigating reimbursement for bioelectrical impedance analysis (BIA) in her practice.

For the full conversation, check out our webinar, where Dr. Golden break down billing strategies, CPT codes, payer negotiations, and real-world revenue insights to help providers effectively

integrate body composition analysis into obesity care.

This guide provides essential knowledge to help providers integrate BIA into their workflow while ensuring appropriate reimbursement and compliance with payer policies.

#### In this practice guide, we will highlight:

- How bioelectrical impedance analysis (BIA) supports both clinical care and practice revenue, with real-world reimbursement examples
- Key billing strategies and CPT codes specific to seca's BIA scans for optimal reimbursement
- Strategies for educating staff, obtaining patient consent, and aligning BIA with clinical pathways to streamline integration
- Compliance with Medicare, commercial insurance, ABNs, and non-covered services while adhering to payer agreements and ethical billing practices



**Dr. Leslie Golden, MD, MPH\***  
Founder and CEO of Weight In Gold  
Wellness, Watertown, Wisconsin

#### We asked Dr. Leslie Golden, "How did you get started with BIA and reimbursement in your practice?"

When I transitioned into obesity medicine from family medicine, I wanted to ensure I was delivering high-quality, evidence-based weight healthcare. I found it difficult to achieve this without the comprehensive data provided by bioelectrical impedance analysis (BIA).

In private practice, allocating funds to purchase equipment is a serious decision, requiring consideration

of limited budgets and fluctuating revenue. This contrasts with hospital systems, where such purchases might be covered by program funds or approved by a CFO.

I first learned about experimental CPT codes from former Obesity Medicine Association (OMA) President Dr. Angela Fitch, who emphasized the importance of using such codes to enable CMS to evaluate a procedure's value. Her insight encouraged me to invest in a seca BIA device and explore billing for it.

BIA has brought **tremendous value** to our practice, both clinically and financially. Annually, we generate **\$24,000–\$25,000 in revenue from BIA scans**, helping us sustain the high-quality care we strive to provide.

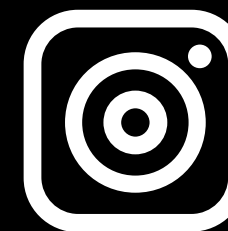
\*Dr. Leslie Golden is not a certified medical biller or coder. Her practical knowledge is derived from extensive experience working closely with her billing and coding team, completing courses on revenue cycle management optimization, and leveraging resources from the Obesity Medicine Association (OMA) membership, including the OMA Online Learning Academy. This collaborative approach has equipped her with valuable insights into payer contracts and reimbursement patterns.

Scan or [Click Here](#) to  
Watch the Webinar  
With Dr. Leslie Golden

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