

al task force on obesity and medical director of the Children's Institute in Pittsburgh, Pa.

Although most carriers won't pay for interventions that are 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, or if the pa-

tient was referred by another professional, the doctor can use the consultation codes. When spending extra time with a patient, physicians should use the prolonged face-to-face codes. 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. There's a potential for a partnership between physi-

cians 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. ■

Reports Compare Health Plans

The National Committee for Quality Assurance has added summary comparative scores to its online "Living with Illness" reports, to help users better compare how health plans help patients manage diabetes, cardiac care, asthma, and mental illness. For a sample report, visit www.healthchoices.org and use "See How Your Health Plan Rates."

Humalog® Mix75/25™ provides both fasting and postprandial control from the start

More than twice as many patients on Humalog Mix75/25 plus metformin reached an A1C \leq 7% compared to patients on glargine plus metformin (30% vs 12%).*†

- Primary end point for this trial is a change in A1C at the end of the treatment period. There was a 1 percentage point reduction with Humalog Mix75/25 and a 0.42 percentage point reduction with glargine.
- Overall hypoglycemia rate and nocturnal hypoglycemia rate were not different between the two treatment groups.¹

For more information, visit startinginsulin.com

Provides Both Fasting and Postprandial Control

Humalog Mix75/25 is for use in patients with diabetes mellitus for the control of hyperglycemia.

Important Safety Information

Humalog differs from regular human insulin by its rapid onset of action as well as a shorter duration of activity. Therefore, the dose of Humalog Mix75/25 should be given within 15 minutes before a meal.

Humalog or Humalog Mix75/25 is contraindicated during episodes of hypoglycemia and in patients sensitive to Humalog or any excipients contained in the formulation. Safety and effectiveness of Humalog Mix75/25 in patients less than 18 years of age have not been established. There are no adequate and well-controlled clinical studies of the use of Humalog or Humalog Mix75/25 in pregnancy or nursing mothers.

Simple to Start

Potential side effects associated with the use of all insulins include hypoglycemia, weight gain, hypokalemia, lipodystrophy, and hypersensitivity. Because of the difference in action of Humalog, care should be taken in patients in whom these conditions may be clinically relevant (eg, those who are fasting, have autonomic neuropathy or renal impairment, are using potassium-lowering drugs, or taking drugs sensitive to serum potassium level). **Patients should be advised not to mix Humalog Mix75/25 with another insulin. Starting or changing insulin therapy should be done cautiously and only under medical supervision.**

Humalog® Mix75/25™ is a trademark of Eli Lilly and Company.

Humalog Mix75/25 is available by prescription only.

Please see reverse side for brief summary of Prescribing Information.

Easy-to-use Pen

* An open-label, randomized, crossover trial of 97 patients with type 2 diabetes inadequately controlled on once- or twice-daily insulin alone or in combination with other oral agents

† PAIR-PI average daily dose of insulin for Humalog Mix75/25 vs glargine: 0.42 ± 0.20 vs 0.36 ± 0.18

Reference:

1. Malone JK et al. Combined therapy with insulin lispro mix 75/25 plus metformin or insulin glargine plus metformin. *Clin Ther*. 2004;26(12):2034-2044.