



Coding for Obesity

► Diagnosis Coding

General

Correct coding implies that the code selection is:

- The most accurate description of “what” was performed and “why” it was performed
- Supported by documentation in the medical record
- Consistent with coding conventions and guidelines

When selecting ICD-10-CM diagnosis(es) code(s) for an encounter, the diagnosis code(s) must support the clinical need (medical necessity) for the service as described by the Current Procedural Terminology (CPT) code linked to the diagnosis.

Basic Guidelines for Diagnosis Coding

- Code to the highest degree of specificity.
- Code to the highest degree of certainty.
- Link the diagnosis code to the procedure code (CPT) on the claim.
- Sequence the diagnoses, reporting the primary diagnosis first, followed by the secondary, etc.
- Code only diagnoses relevant for the current encounter.

Screening for Obesity

The ICD-10-CM diagnosis code that may be reported for obesity screening is Z13.89 (Encounter for screening for other disorder).

Treatment

A code from code section E66.- would be reported for a diagnosis of obesity. Endocrine, Nutritional, and Metabolic Diseases (E00-E89) codes are found in Chapter 4 of ICD-10-CM. The dash “-” used in this document indicates that an additional character or characters are required for appropriate code selection. Possible ICD-10-CM codes to report linked to the counseling and office visit codes are as follows.

Commonly Reported Codes:

Code Description

Code

- | | |
|-------------------------------------|--------|
| • Obesity (not otherwise specified) | E66.9 |
| • Obesity, extreme or morbid | E66.01 |

Other Obesity Codes

<u>Code Description</u>	<u>Code</u>
• Obesity due to excess calories	E66.0
— Morbid (severe) obesity due to excess calories	E66.01
— Other obesity due to excess calories	E66.09
• Drug-induced obesity	E66.1
• Morbid (severe) obesity with alveolar hypoventilation	E66.2
• Overweight	E66.3
• Other obesity	E66.8
• Obesity, unspecified	E66.9

Body mass index (BMI) (calculated as weight in kilograms divided by height in metrics squared) codes should be reported in addition to the obesity diagnosis codes, if the BMI value is known.

Body Mass Index Codes

Body mass index codes are located in Chapter 21 (Factors Influencing Health Status and Contact with Health Services (Z00-Z99)) of ICD-10-CM. A code from code section Z68 would be reported for BMI values. The fourth and fifth characters of ICD-10-CM BMI codes match the BMI number until BMI reaches a value of 40.0. For example, a BMI of 30 would be reported with code Z68.30 BMI 30.0–30.9, adult. Body mass index codes would be reported in addition to the selected obesity code. Diagnosis codes reported for an obese patient with a BMI of 30 and no other indications would be E66.9 and Z68.30.

Body mass index reporting for BMIs that are greater than 40 is as follows:

<u>Code Description</u>	<u>Code</u>
• Morbid obesity with BMI 40.0–44.9 adult	Z68.41
• Morbid obesity with BMI 45.0–49.9 adult	Z68.42
• Morbid obesity with BMI 50.0–59.9 adult	Z68.43
• Morbid obesity with BMI 60.0–69.9 adult	Z68.44
• Morbid obesity with BMI 70.0 and greater	Z68.45

Comorbidities

When evaluating a patient for obesity and you also evaluate comorbidity conditions that you are treating or that affect your treatment, you should report the additional diagnoses codes for those conditions you evaluated that affected this specific visit, linked to the appropriate evaluation and management (CPT) code. Unlike Facility services coding, where diagnosis-related groups (DRGs) are used to identify related conditions that may affect a patient's care and are tied to reimbursement, payment for professional services is tied to CPT procedure codes.

In professional services coding, although diagnosis codes are not tied directly to provider reimbursement, they do support the medical necessity for performing specific services when linked to

CPT procedure codes. Reimbursement will be based on the key components (history, examination, and medical-decision-making) of the problem-oriented Evaluation and Management (E/M) service or the appropriate screening code. Alternatively, you may report a problem oriented E/M service if more than 50% of total time was spent counseling the patient. See the detailed discussion on time-based procedure coding below. Documentation should reflect the level and intensity of the key components, or time of the total service provided. Please note that even when multiple diagnosis codes are reported, some payer edit software targets only the primary diagnosis code for the visit. As a result, you should always sequence the primary diagnosis code (ie, primary reason for the visit) for the visit, as the first linked diagnosis. Comorbidities affecting the patient's obesity assessment, evaluation, or treatment that also are evaluated would be reported as secondary codes. (See the [Obesity Comorbidities Coding Chart](#).)

Screening

- Encounter for screening for diabetes mellitus Z13.1
- Encounter for screening for nutritional, metabolic & other endocrine disorders Z13.2
 - Encounter for screening for nutritional disorder Z13.21
 - Encounter for screening for metabolic disorder Z13.22
 - ▶ Encounter for screening for lipoid disorders Z13.220
 - ▶ Encounter for screening for other metabolic disorders Z13.228
 - Encounter for screening for other suspected endocrine disorder (includes screening for thyroid disorder) Z13.29

Counseling

- Dietary counseling and surveillance Z71.3
- Other specified counseling - Exercise counseling Z71.89

▶ Procedure Coding

The most appropriate E/M code to select will depend on whether the encounter was for screening or treatment of obesity.

If the encounter was for screening the patient, report a preventive medicine code from code section 99401-99412. These codes are selected according to the time spent in face-to-face counseling with the patient. Whether or not these codes will be reimbursed by the payer will vary.

Possible procedure codes are:

Code Description

Code

- Preventive medicine, individual counseling 99401-99404
- Preventive medicine, group counseling 99411-99412

If the encounter was for treatment for a patient with a diagnosis of obesity, report an office or other outpatient E/M code. These codes list a “typical time” in the code descriptions. Codes with typical times listed may be reported based on time, rather than the key E/M components of; history, exam, and medical-decision-making. If the health care provider spends more than 50% of the visit counseling the patient, the E/M code may be selected based on time. Time spent providing face-to-face counseling with the patient must be documented in the medical record. The record should document total time *and* that either all of the encounter or more than 50% of the total time was spent counseling the patient. The patient record also must provide details on the topics discussed. Possible procedure codes to report are:

<u>Code Description</u>	<u>Code</u>
• New patient, office, or other outpatient visit	99201-99205
• Established patient, office, or other outpatient visit	99211-99215

The following procedure codes may be reported to identify bariatric surgery status:

<u>Code Description</u>	<u>Code</u>
• Bariatric surgery status	Z98.84
• Bariatric surgery status complicating pregnancy, childbirth, and the puerperium	O99.84-

Medicare:

Intensive Behavioral Therapy for Obesity

For Medicare beneficiaries with obesity, defined as a BMI greater than or equal to 30; who are competent and alert at the time that counseling is provided; and whose counseling is furnished by a qualified primary care physician or other primary care practitioner in a primary care setting, CMS will cover intensive behavioral therapy for obesity. This service is described as follows:

- One face-to-face visit every week for the first month
- One face-to-face visit every other week for months 2–6
- One face-to-face visit every month for months 7–12, if the beneficiary meets the 3kg (6.6 lbs) weight loss requirement during the first 6 months as discussed below

HCPCS code G0447 (Face-to-face behavioral counseling for obesity, 15 minutes) may be reported for this service.

HCPCS code G0473 (Face-to-face behavioral counseling for obesity, group (2–10), 30 minutes), may be reported if the counseling is performed in a group session.

Additional information on the Medicare policy for treatment of obesity may be accessed at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7641.pdf>.

Preventive Services

Preventive Medicine Services are a type of E/M service that does not require a chief complaint. There are two types of preventive medicine services. Preventive Medicine Evaluation and Management services are reported as follows:

1. Code Description

Initial comprehensive preventive medicine evaluation and management of an individual, including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, **new patient**;

<u>Code</u>	<u>Age Group</u>
99384	adolescent (age 12 through 17 years)
99385	18–39 years
99386	40–64 years
99387	65 years and older

2. Code Description

Initial comprehensive preventive medicine evaluation and management of an individual, including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, **established patient**;

<u>Code</u>	<u>Age Group</u>
99394	adolescent (age 12 through 17 years)
99395	18–39 years
99396	40–64 years
99397	65 years and older

These codes are used to report annual well-woman examinations. The code reported is determined by the age of the patient and whether she is considered a new or established patient to the physician, practice, or both. Preventive Medicine Services codes include the following:

- A comprehensive history and examination
- Counseling/anticipatory guidance/risk factor reduction interventions
- The ordering of appropriate immunizations or laboratory/diagnostic procedures, and
- Treatment of insignificant abnormalities

Because counseling, anticipatory guidance, and risk factor reduction interventions are an included part of the typical preventive service visit, additional counseling codes, if reported, may not be reimbursed.

Medicare does not cover Preventive Services encounters as described by CPT codes 99384-99397.

As indicated previously, **Counseling Risk Factor Reduction and Behavioral Change Intervention services** are reported with CPT codes 99401-99412. These counseling codes are used to report services for promoting health and preventing illness/injury. That is, the patient has no current symptoms or diagnosed illness.

This counseling *must be* provided at a *separate encounter* from the preventive medicine services encounter described by codes 99381-99397. The counseling codes are selected according to the time spent counseling the patient. For example, a patient comes in for prepregnancy counseling, or to discuss diet and exercise, or sexual practices. The physician spends 30 minutes with the patient and reports CPT code 99402 (preventive medicine counseling; approximately 30 minutes). If a separate and distinct problem-oriented E/M service is also provided, it may be reported separately. It is helpful to link a different/distinct diagnosis code to the problem service.

Counseling Risk Factor Reduction and Behavioral Change Intervention codes are not reported when the physician counsels an individual patient with symptoms or an established illness. In this case, a problem-oriented E/M service, from CPT code section, 99201-99215, is reported.

Behavioral change interventions are for persons who have a behavior that is often considered an illness itself, such as tobacco use or substance abuse. Any E/M service reported on the same day must be distinct, and time spent providing counseling services may not be used as a basis for the E/M code selection.

For counseling groups of patients with symptoms or established illness, see code 99078 (Physician or other qualified health care professional qualified by education, training, licensure/regulation [when applicable] or educational services rendered to patients in a group setting [eg, prenatal, obesity, or diabetic instructions]).

The codes listed in the following chart are not intended to be a comprehensive list of all conditions or factors that may be evaluated when counseling or treating a patient for obesity, but rather is intended to describe the more common comorbidities.

Note: Due to ICD-10-CM specificity, many of the diagnosis code sections have multiple codes for particular conditions. As an example, diabetes has approximately 250 codes in the code section describing the various manifestations. A dash (-) in the chart indicates that additional characters are required. For the most accurate code selection, always look up codes in the code set manuals or your EMR or EHR.

Obesity Comorbidities Coding Chart ↩			
ICD-10-CM Section and Code Descriptions	Diagnosis Code(s)	ICD-10 Chapter	ICD-10 Code Range
Certain Infectious and Parasitic Diseases		1	A00–B99
Tinea cruris	B35.6		
Neoplasms		2	C00–D49
Carcinoma in situ of endometrium	D07.0		
Malignant neoplasm of nipple and areola	C50.0		
Malignant neoplasm of central portion of breast	C50.1		
Malignant neoplasm of colon	C18.-		
Endocrine, Nutritional and Metabolic Diseases		4	E00–E90
Hypothyroidism	E03		
Other specified hypothyroidism	E03.8		
Diabetes (Type II)	E11.-		
Polycystic ovarian syndrome	E28.2		
Other specified endocrine disorders (obesity D/T endocrine disorder)	E34.8		
Disorders of lipoprotein metabolism and other lipidemias	E78		
Pure hypercholesterolemia	E78.0		
Pure hyperglyceridemia (includes hypertriglyceridemia disorder)	E78.1		
Mixed hyperlipidemia	E78.2		
Hyperchylomicronemia	E78.3		
Other hyperlipidemia	E78.4		
Hyperlipidemia, unspecified (includes dyslipidemia)	E78.5		
Metabolic syndrome	E88.81		
Mental and Behavioral Disorders (Depression)		5	F01–F99
Mood disorder due to known physiological condition	F06.3		
Anxiety disorder due to known physiological condition	F06.4		
Dysthymic disorder	F34.1		
Major depressive disorder, single episode	F32.-		
Diseases of the Nervous System (Strokes)		6	G00–G99
Other transient cerebral ischemic attacks & related syndromes	G45.8		
Transient cerebral ischemic attack, unspecified	G45.9		
Vascular syndromes of brain in cerebrovascular diseases			
Brain stem stroke syndrome	G46.3		
Cerebellar stroke syndrome	G46.4		
Sleep apnea			
Sleep apnea, unspecified	G47.30		
Obstructive sleep apnea (adult) (pediatric)	G47.33		

(continued)

Obesity Comorbidities Coding Chart (continued)			
ICD-10-CM Section and Code Descriptions	Diagnosis Code(s)	ICD-10 Chapter	ICD-10 Code Range
Diseases of the Circulatory System		9	I00-I99
Hypertension	I10		
Chronic ischemic heart disease	I25.-		
Other acute ischemic heart diseases	I24.-		
Cerebral infarction	I63.-		
Varicose veins of lower extremities with inflammation (includes Stasis dermatitis)	I83.1		
Varicose veins	I83.-		
Lymphadema, not elsewhere classified	I89.0		
Diseases of the Digestive System		11	K00-K93
Gastro-esophageal reflux disease			
Gastro-esophageal reflux disease with esophagitis	K21.0		
Gastro-esophageal reflux disease without esophagitis	K21.9		
Nonalcoholic fatty liver disease	K76.0		
Cholelithiasis	K80.-		
Acute cholecystitis	K81.0		
Chronic cholecystitis	K81.1		
Acute cholecystitis with chronic cholecystitis	K81.2		
Cholecystitis, unspecified	K81.9		
Diseases of the Skin and Subcutaneous Tissue		12	L00-L99
Erythrasma	L08.1		
Erythema intertrigo	L30.4		
Folliculitis	L66.4		
Hirsutism	L68		
Acne	L70.-		
Acanthosis nigricans	L83		
Corns and callosities	L84		
Plantar Hyperkeratosis	L85.2		
Striae atrophicae	L90.6		
Skin tag	L91.8		
Stasis ulcer	L97.-		
Diseases of the Musculoskeletal System and Connective Tissue		13	M00-M99
Gout (Chronic)	M1A.-		
(Acute)	M10.-		
Polyosteoarthritis	M15.0		
Osteoarthritis of hip	M16.-		
Osteoarthritis of knee	M17.-		
Osteoarthritis of first carpometacarpal joint	M18.-		
Other and unspecified osteoarthritis	M19.-		
Diseases of the Genitourinary System		14	N00-N99
Stress incontinence (female) (male)	N39.3		
Female infertility			
Female infertility associated with anovulation	N97.0		
Female infertility of other origin	N97.8		
Female infertility, unspecified	N97.9		