

# 2023

# Obesity Billing and Coding Quick Reference Guide

CPT Code	Level of Service	TIME (min.)	Management & Decision Making (MDM) (must meet 2/3 bullet points)	Examples for an obesity/ weight management visit:
99203 99213	New Level 3 Established Level 3 LOW MDM	30-44 20-29	<ul style="list-style-type: none"> <li><b>Problems:</b> 2 or more self-limited or minor problems <b>OR</b> 1 stable chronic (&gt;1 yr) illness <b>OR</b> 1 acute, uncomplicated illness or injury</li> <li><b>Data:</b> Parent is historian <b>OR</b> 2/3 (reviewed external record, ordered or reviewed each unique test)</li> <li><b>Risk:</b> Low risk of morbidity from ordering of tests or treatment</li> </ul>	<ul style="list-style-type: none"> <li>Patient with a history of obesity now normal, stable BMI% &lt;95th% or &lt;30 <b>and</b> parent is historian</li> <li>Patient with overweight has constipation, snoring without OSA, and parent is historian</li> <li>Patient with new onset abnormal or excessive weight gain and ordered 2 lab tests</li> </ul>
99204 99214	New Level 4 Established Level 4 MODERATE MDM	45-59 30-39	<ul style="list-style-type: none"> <li><b>1 Problem:</b> 1 or more chronic illnesses w/ exacerbation, progression or side effects of treatment <b>OR</b> 2 or more stable chronic illnesses <b>OR</b> 1 undiagnosed new problem with uncertain prognosis <b>OR</b> 1 acute illness with systemic symptoms <b>OR</b> 1 acute complicated injury</li> <li><b>Data Categories (Need 1/3):</b> <b>Category 1:</b> Any 3 of the following: Parent is historian, reviewed unique test, ordered unique test, review external note <b>Category 2:</b> Independent interpretation of tests <b>Category 3:</b> Discussed with other provider</li> <li><b>Risk:</b> Prescription drug <b>OR</b> managed chronic drug <b>OR</b> decision to perform <i>minor</i> surgery with risk <b>OR</b> elective major surgery without risk <b>OR</b> dx or treatment limited by social determinant of health (SDOH)</li> </ul>	<ul style="list-style-type: none"> <li>Patient with obesity, increasing BMI <b>AND</b> parent is historian + ordered 2 unique labs</li> <li>Patient with obesity and new onset snoring with signs of OSA <b>AND</b> discussed with pulmonologist</li> <li>Patient with obesity and hypertension and treatment limited by food insecurity or other SDOH- Consider adding statement "Patient's care may be negatively impacted by food insecurity/SDOH."</li> <li>Patient with obesity and increased thirst, parent is historian &amp; fasting glucose and HgBA1C is ordered</li> <li>Patient with obesity with chronic hypertension and you refill their blood pressure medication</li> </ul>
99205 99215	New Level 5 Established Level 5 HIGH MDM	60-74 40-54	<ul style="list-style-type: none"> <li><b>Problems:</b> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment <b>OR</b> Acute or chronic illness posing threat to life or bodily function</li> <li><b>Data Categories (Need 2/3):</b> <b>Category 1:</b> Any 3 of the following: Independent historian, reviewed each unique test, order each unique test, reviewed external note <b>Category 2:</b> Independent interpretation of tests <b>Category 3:</b> Discussed with another provider</li> <li><b>Risk:</b> Drug therapy requiring intensive monitoring for toxicity <b>OR</b> decision regarding elective major surgery with risk <b>OR</b> decision to perform emergency <i>major</i> surgery <b>OR</b> decision regarding hospitalization <b>OR</b> decision to not resuscitate or to de-escalate care because of poor prognosis</li> </ul>	<ul style="list-style-type: none"> <li>Patient with obesity with BMI% above 99th% or BMI&gt;40 <b>AND</b> parent is historian <b>AND</b> reviewed 2 external notes <b>AND</b> discussed with the dietitian</li> <li>Patient with obesity with depression with suicidal ideation after new onset diabetes <b>AND</b> decision is made to hospitalize patient</li> <li>Patient with severe obesity <b>AND</b> 3 labs ordered <b>AND</b> independently interpreted their EKG</li> <li>Patient with severe obesity and discussion of bariatric surgery with patient (even if the decision was made to NOT refer)</li> <li>Patient with obesity and new onset hypertensive urgency and decision about hospitalization discussed (even if hospitalization did not occur)</li> </ul>

# Weight-Related ICD-10 Diagnosis Codes:

\*Coverage depends on individual payer and plan. This guide does not guarantee reimbursement.

ICD-10	Weight-Related Diagnosis Codes	Notes
E66.8 E66.9 E66.1	Obesity, other (BMI >30 or >95th%) Obesity, unspecified (BMI >30 or >95th%) Drug-Induced Obesity	~ Can use as primary code ~ Can use as primary code ~ Use if another medication is contributing to obesity (for example, antipsychotics)
E66.01  E66.09	Severe (morbid) Obesity due to excess calories • >99th% BMI for age or BMI>40  Obesity due to excess calories (BMI >30 or >95th%)	~Can use as primary code (especially for severe obesity), but may contribute to stigma and bias if “morbid obesity” is on the patient chart. ~ This is the least preferred option due to the assumption that the patient caused their obesity
E66.3	Overweight • BMI 25-29 or 85th% to <95th% BMI for age	~Can use as primary code, but more likely to be paid if include comorbidity as primary code
Z68.3 Z68.4	Adult BMI 30-39 Adult BMI 40 or greater	• Age 20 yrs + • Not a billable/primary code
Z68.53	Pediatric BMI, <i>85th% to less than 95th% for age</i>	• Age 0-19 yrs • Not a billable/primary code
Z68.54	Pediatric BMI, <i>greater than or equal to 95th% for age</i>	• Age 0-19 yrs • Not a billable/primary code
Z71.3 Z71.82 Z71.9	Counseling for Nutrition & Diet Counseling, Exercise Counseling, unspecified	• Support preventive time counseling codes (99401-4) (99411-2)

ICD-10	Other Common Weight-Related Diagnoses
Z59.41 Z59.48	Food Insecurity Other specified lack of adequate food I10
I10	Hypertension
E78.5	Dyslipidemia aka Hyperlipidemia Unspecified (any abnormality in lipids)
E78.0	Hypercholesterolemia (elevated LDL or VLDL)
E78.2	Mixed hyperlipidemia aka Combined hyperlipidemia (elevated LDL, VLDL, and/or TG)
E78.6	Lipoprotein Deficiency (low HDL)
E28.2	Polycystic Ovarian Syndrome
E55.9	Vitamin D Deficiency
R73.09	Other abnormal glucose; prediabetes NOS
R73.01	Impaired/Elevated Fasting Glucose
G47.33	Obstructive Sleep Apnea
K76.0	Non-Alcoholic Fatty Liver Disease
K21.9	Esophageal Reflux
F50.9	Eating Disorder, unspecified
Common Weight-Related Signs/Symptoms: (choose most specific code available)	
L83	Acanthosis Nigricans
L90.6	Abdominal Striae
E65	Localized adiposity
J35.1	Hypertrophy of tonsils
R03.0	Elevated blood pressure without diagnosis of hypertension
L68.0	Hirsutism
R63.1	Polydipsia
R35.0	Polyuria
M21.06	Genu Valgum (Knock Knees)
M21.4	Pes Planus (Flat Feet)
G47.9	Sleep disturbance, other



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## Additional CPT Codes:

\*coverage depends on individual plans

CPT/HCPCS	Description	Type of Provider
99453-8	Remote Patient Monitoring (e-scale, blood pressure, etc.)	Provider (MD, NP, PA)
G0447	Face-to-face behavioral counseling for obesity, individual, 15 min	Provider (MD, NP, PA)
G0473	Face-to-face behavioral counseling for obesity, group, 30 min	
97802	Medical nutrition therapy; <b>initial</b> assessment and intervention, individual, each 15 minutes	Registered Dietician (RD)
97803	Medical nutrition therapy; <b>reassessment</b> and intervention, individual, each 15 minutes	RDN
97804	Medical nutrition therapy <b>group</b> (2 or more individuals), each 30 min	RDN
G0270	Medical Nutrition Therapy: Reassessment and subsequent intervention(s) following second referral in the same year for change in diagnosis, medical condition or treatment regimen, <b>individual</b> face-to-face, each 15 min	RDN
G0271	<b>Group</b> , face-to-face, each 15 min	
90832	Psychotherapy, 16-30 minutes	LCSW, LPC, or LAC
90834	Psychotherapy, 31-45 minutes	
90837	Psychotherapy, 46-60 minutes	
90847	Family Psychotherapy	LCSW, LPC, LMFT, LAC
S9449	Weight management classes, per session	Non-Providers
S9452	Nutrition classes, per session	Some Private Payers may cover
S9470	Nutrition counseling, dietician visit	RDN, Required by some private payers

- **Well Visits aka Preventive Medicine Visits (99381-99385 and 99391-99395) should** already include diagnosis and discussion of appropriate child nutrition and growth, including BMI% & overweight/obesity. However, if a provider spends a significant amount of time on a problem (such as obesity or weight-related comorbidities) AND can document it as a separate problem with an appropriate MDM level, **a provider can bill an additional E/M code with modifier 25.**
- **Time-Based Billing Tips (use if NOT billing by MDM level):**
  - Includes ALL time spent on NON-face-to-face + face-to-face patient care **on the date of service only**
  - **Example time statement:** "This encounter took X total minutes of time, including taking a thorough history, performing a physical exam, reviewing any labs and/or imaging, reviewing any prior notes, counseling the patient, coordinating care, as well as documenting in the electronic health record on the date of service."
  - **Prolonged Service Codes:**
    - **Private Payors:** 99417 x # = 15 min increments above Level 5 est pt time (40-54 min) & new patient time (60-74 min)
    - **CMS & Medicare:** G2212 x # = 15 min increments above Level 5 est pt time (69-83 min) & new pt time (89-103 min)



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- **Physician Preventive Time Counseling Codes (optional to add if billing by MDM)**
  - Can be used as an additional E/M code for specific time spent counseling during an obesity problem visit (cannot be reported during a preventive medicine/well visit)
  - Associate with supporting Diagnosis codes **Z71.3, Z71.89**
  - **Example statement:** "Patient was counseled on **\*\*\***(diet & nutrition OR physical activity)**\*\*\*** including a discussion of current behaviors with appropriate educational material given. Patient was/was not referred for further education (to dietician, psychologist or physical therapist)."

CPT Code	Counseling Time
99401	8-15 minutes
99402	16-30 minutes
99403	31-45 minutes
99404	46-60 minutes
99411	Group setting 15-30 min
99412	Group setting 30-60 min



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