



Obesity and Related Comorbidities Coding Fact Sheet for Primary Care Pediatricians

While coding for the care of children with obesity and related comorbidities is relatively straightforward, ensuring that appropriate reimbursement is received for such services is a more complicated matter. Some insurance carriers will deny claims submitted with “obesity” *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)* codes (eg, **278.00**), essentially carving out obesity-related care from the scope of benefits. Therefore, coding for obesity services is fundamentally a two-tiered system in which the first tier requires health care professionals to submit claims using appropriate codes and the second tier involves the practice-level issues of denial management and contract negotiation.

This coding fact sheet provides a guide to coding for obesity-related health care services. Strategies and a template letter for pediatric practices to handle carrier denials.

Procedure Codes

Current Procedural Terminology (CPT®) Codes

Body Fat Composition Testing

There is no separate *Current Procedural Terminology (CPT®)* code for body fat composition testing. This service would be included in the examination component of the evaluation and management (E/M) code reported.

Calorimetry

- 94690** Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)
or
94799 Unlisted pulmonary service or procedure [Note: Special report required.]

Glucose Monitoring

- 95250** Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours; sensor placement, hookup, calibration of monitor, patient training, removal of sensor, and printout of recording
95251 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours; interpretation and report

Routine Venipuncture

- 36415** Collection of venous blood by venipuncture
- 36416** Collection of capillary blood specimen (eg, finger, heel, ear stick)

Venipuncture Necessitating Physician's Skill

- 36406** Venipuncture, younger than 3 years, necessitating physician's or other qualified healthcare professional's skill, not to be used for routine venipuncture; other vein
- 36410** Venipuncture, 3 years or older, necessitating physician's other qualified healthcare professional's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)

Digestive System Surgery Codes

- 43644** Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (Roux limb 150 cm or less)
- 43645** Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
- 43842** Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
- 43843** Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
- 43845** Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
- 43846** Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
- 43847** Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
- 43848** Revision, open, of gastric restrictive procedure for morbid obesity; other than adjustable gastric band (separate procedure)

Health and Behavior Assessment/Intervention Codes

These codes cannot be reported by a physician, nor can they be reported on the same day as preventive medicine counseling codes (99401–99412).

- 96150** Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiologic monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
- 96151** Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiologic monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; reassessment

The focus of the assessment is not on mental health, but on the biopsychosocial factors important to physical health problems and treatments.

- 96152** Health and behavior intervention, each 15 minutes, face-to-face; individual
- 96153** Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more)

- patients)
- 96154** Health and behavior intervention, each 15 minutes, face-to-face; family (with patient present)
- 96155** Health and behavior intervention, each 15 minutes, face-to-face; family (without patient present)

The focus of the intervention is to improve the patient's health and well-being using cognitive, behavioral, social, and/or psychophysiologic procedures designed to ameliorate the specific obesity-related problems.

Medical Nutrition Therapy Codes

These codes cannot be reported by a physician.

- 97802** Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with patient, each 15 minutes
- 97803** Medical nutrition therapy; reassessment and intervention, individual, face-to-face with the patient, each 15 minutes
- 97804** Medical nutrition therapy; group (2 or more individuals), each 30 minutes

Healthcare Common Procedural Coding System (HCPCS)

Level II Procedure and Supply Codes

Current Procedural Terminology codes are also known as Healthcare Common Procedure Coding System (HCPCS) Level I codes. HCPCS also contains Level II codes. Level II codes (commonly referred to as HCPCS ["hick-picks"] codes) are national codes that are included as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) standard procedural transaction coding set along with *CPT* codes.

Healthcare Common Procedure Coding System Level II codes were developed to fill gaps in the *CPT* nomenclature. While they are reported in the same way as *CPT* codes, they consist of 1 alphabetic character (A–V) followed by 4 digits. In the past, insurance carriers did not uniformly recognize HCPCS Level II codes. However, with the advent of HIPAA, carrier software systems must now be able to recognize all HCPCS Level I (*CPT*) and Level II codes.

HCPCS Education and Counseling Codes

- S9445** Patient education, not otherwise classified, nonphysician provider, individual, per session
- S9446** Patient education, not otherwise classified, nonphysician provider, group, per session
- S9449** Weight management classes, nonphysician provider, per session
- S9451** Exercise class, nonphysician provider, per session
- S9452** Nutrition class, nonphysician provider, per session
- S9454** Stress management class, nonphysician provider, per session
- S9455** Diabetic management program, group session
- S9460** Diabetic management program, nurse visit
- S9465** Diabetic management program, dietitian visit
- S9470** Nutritional counseling, dietitian visit

Diagnosis Codes

International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Codes

Circulatory System

- 401.9** Essential hypertension; unspecified
- 429.3** Cardiomegaly

Congenital Anomalies

- 758.0** Down syndrome
- 759.81** Prader-Willi syndrome
- 759.83** Fragile X syndrome
- 759.89** Other specified anomalies (Laurence-Moon-Biedl syndrome)

Digestive System

- 530.81** Esophageal reflux
- 564.00** Constipation, unspecified
- 571.8** Other chronic nonalcoholic liver disease

Endocrine, Nutritional, Metabolic

- 244.8** Other specified acquired hypothyroidism
- 244.9** Unspecified hypothyroidism
- 250.00** Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled
- 250.02** Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled
- 253.8** Other disorders of the pituitary and other syndromes of diencephalohypophysial origin
- 255.8** Other specified disorders of adrenal glands
- 256.4** Polycystic ovaries
- 259.1** Precocious sexual development and puberty, not elsewhere specified
- 259.9** Unspecified endocrine disorder
- 272.0** Pure hypercholesterolemia
- 272.1** Pure hyperglyceridemia
- 272.2** Mixed hyperlipidemia
- 272.4** Other and unspecified hyperlipidemia
- 272.9** Unspecified disorder of lipid metabolism
- 277.7** Dysmetabolic syndrome X/metabolic syndrome (Use additional codes for associated manifestation, such as: obesity (**278.00 – 278.03**))
- 278.00** Obesity, unspecified
- 278.01** Morbid obesity

- 278.02** Overweight
- 278.1** Localized adiposity
- 278.8** Other hyperalimentation

Genitourinary System

- 611.1** Hypertrophy of the breast

Mental Disorders

- 300.00** Anxiety state, unspecified
- 300.02** Generalized anxiety disorder
- 300.4** Dysthymic disorder
- 307.50** Eating disorder, unspecified
- 307.51** Bulimia nervosa
- 307.59** Other disorders of eating
- 308.3** Other acute reactions to stress
- 308.9** Unspecified acute reaction to stress
- 311** Depressive disorder, not elsewhere classified
- 313.1** Misery and unhappiness disorder
- 313.81** Oppositional defiant disorder

Musculoskeletal System and Connective Tissue

- 732.4** Juvenile osteochondrosis of lower extremity, excluding foot

Nervous System and Sense Organs

- 327.23** Obstructive sleep apnea (adult) (pediatric)
- 348.2** Benign intracranial hypertension

Skin and Subcutaneous Tissue

- 701.2** Acquired acanthosis nigricans

Symptoms, Signs, and Ill-Defined Conditions

- 780.51** Insomnia with sleep apnea, unspecified
- 780.53** Hypersomnia with sleep apnea, unspecified
- 780.54** Hypersomnia, unspecified
- 780.57** Unspecified sleep apnea

780.59	Sleep disturbance; other
780.71	Chronic fatigue syndrome
780.79	Other malaise and fatigue
783.1	Abnormal weight gain
783.3	Feeding difficulties and mismanagement
783.40	Lack of normal physiological development, unspecified
783.43	Short stature
783.5	Polydipsia
783.6	Polyphagia
783.9	Other symptoms concerning nutrition, metabolism, and development
786.05	Shortness of breath
789.1	Hepatomegaly
790.22	Impaired glucose tolerance test (oral)
790.29	Other abnormal glucose; prediabetes not otherwise specified
790.4	Nonspecific elevation of levels of transaminase or lactic acid dehydrogenase (LDH)
790.6	Other abnormal blood chemistry (hyperglycemia)

Other

NOTE: The *ICD-9-CM* codes that follow are used to deal with occasions in which circumstances other than a disease or injury are recorded as diagnoses or problems. Some carriers may request supporting documentation for the reporting of V codes.

V18.0	Family history of diabetes mellitus
V18.19	Family history of other endocrine and metabolic diseases
V49.89	Other specified conditions influencing health status
V58.67	Long-term (current) use of insulin
V58.69	Long-term (current) use of other medications
V61.01	Family disruption due to family member on military deployment
V61.02	Family disruption due to return of family member from military deployment
V61.03	Family disruption due to divorce or legal separation
V61.04	Family disruption due to parent-child estrangement
V61.05	Family disruption due to child in welfare custody
V61.06	Family disruption due to child in foster care or in care of non-parental family member
V61.07	Family disruption due to death of family member
V61.08	Family disruption due to other extended absence of family member
V61.09	Other family disruption
V61.20	Counseling for parent-child problem, unspecified
V61.29	Parent-child problems; other
V61.49	Health problems with family; other
V61.8	Health problems within family; other specified family circumstances
V61.9	Health problems within family; unspecified family circumstances
V62.81	Interpersonal problems, not elsewhere classified
V62.89	Other psychological or physical stress not elsewhere classified; other
V62.9	Unspecified psychosocial circumstance
V65.19	Other person consulting on behalf of another person
V65.3	Dietary surveillance and counseling

- V65.41** Exercise counseling
- V65.49** Other specified counseling
- V69.0** Lack of physical exercise
- V69.1** Inappropriate diet and eating habits
- V69.8** Other problems relating to lifestyle; self-damaging behavior
- V69.9** Problem related to lifestyle, unspecified
- V85.51** Body mass index, pediatric, less than 5th percentile for age
- V85.52** Body mass index, pediatric, 5th percentile to less than 85th percentile for age
- V85.53** Body mass index, pediatric, 85th percentile to less than 95th percentile for age
- V85.54** Body mass index, pediatric, greater than or equal to 95th percentile for age

For more information on coding, contact the AAP Division of Health Care Finance and Quality Improvement at aapcodinghotline@aap.org

Obesity Services: Sample Carrier Letter

To: Claims Processing Department or Health Plan Medical Director

RE: Bundling services related to obesity evaluation and treatment

Claim # _____

The above referenced claim inappropriately bundled separately reported services. I would like to clarify that Current Procedural Terminology (CPT[®]) guidelines indicate that services that are identified with specific codes should be reported separately from any other code(s) and therefore, they should not be bundled into any other code(s). Unfortunately, many carriers are unaware that they are violating CPT guidelines when they inappropriately bundle 2 services together when each of the involved services has a separate CPT code. This concept is found throughout CPT guidelines. Some examples include

“If an abnormality/ies is encountered or a preexisting problem is addressed in the process of performing this preventive medicine service, and if the problem/abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service, then the appropriate Office or Other Outpatient code 99201–99215 should also be reported. Modifier 25 should be appended to the Office or Other Outpatient code to indicate that a significant, separately identifiable E/M service was provided by the same physician on the same day as the preventive medicine service.”

“Immunizations and ancillary studies involving laboratory, radiology, other procedures, or screening tests identified with a specific CPT code are reported separately.”

The CPT guidelines are applicable to any other screening tests or procedures that are identified with a specific CPT code such as calorimetry, glucose monitoring, and venipuncture. Therefore, physicians are correct in reporting such services separately from any accompanying evaluation and management service. Those separately reportable services that are not recognized by a carrier should be designated as noncovered benefits and billable to the patient.

Enclosed is a copy of the original claim that was submitted with a request that you process reimbursement as indicated on the claim. I look forward to receiving your response. If you have any questions, please feel free to contact me at _____.

Sincerely,