

2024-25 Obesity Outpatient Billing & Coding Quick Reference Guide



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

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Obesity-Related ICD-10 Diagnosis Codes

Noted in orange if NEW as of October 1, 2024

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



ICD-10	Weight-Related Diagnosis Code	Notes
E66.81	Obesity, Endogenous by Class	<ul style="list-style-type: none"> • Can be used as a primary diagnosis code under EPSDT services • Use for hypothalamic obesity syndromes by POMC, LEPR, BBS, PCSK1 • Consider using if weight gain was mostly caused by a medication
E66.811 Obesity, class 1	Class 1: ≥95 th percentile BMI for age, or BMI>30 kg/m ²	
E66.812 Obesity, class 2	Class 2: 120% to <140% of the 95 th percentile, or BMI 35 kg/m ² to <40 kg/m ²	
E66.813 Obesity, class 3	Class 3: 140% of the 95 th percentile or greater, or BMI ≥40 kg/m ²	
E88.82	Obesity, Due to Disruption in the MC4R pathway	
E66.1	Obesity, Drug Induced	
E66.2	Severe Obesity with Alveolar Hypoventilation	
E66.9	Obesity, Unspecified	<ul style="list-style-type: none"> • Least specific, less preferred • May contribute to obesity stigma/bias as most obesity is endogenous and not caused by nutrition or extra calories alone • Recommend trying to avoid the word "morbid" to help reduce stigma/bias
E66.89	Other Obesity, Not Elsewhere Classified	
E66.09	Other Obesity, due to excess calories	
E66.01	Morbid (Severe) Obesity, due to excess calories <ul style="list-style-type: none"> • >99th percentile BMI for age or BMI>40 	
E66.3	Overweight (BMI 25-29 or 85 th percentile to <95 th percentile BMI for age)	<ul style="list-style-type: none"> • Can use as primary code, but more likely to be paid if comorbidity is used as primary code
Z68.3	Adult BMI 30-39	<ul style="list-style-type: none"> • Age 20 yrs + • Not a billable/primary code
Z68.4	Adult BMI 40 or greater	
Z68.53	Pediatric BMI, 85 th percentile to less than 95 th percentile for age	<ul style="list-style-type: none"> • Age 0-19 yrs • Not a billable/primary code
Z68.54	Pediatric BMI 95th percentile for age to <120% of the 95 th percentile for age (Class 1)	
Z68.55	Pediatric BMI 120% of the 95 th percentile for age to <140% of the 95 th percentile for age (Class 2)	
Z68.56	Pediatric BMI ≥140% of the 95 th percentile for age (Class 3)	

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ICD-10	Other Common Weight-Related ICD-10 Diagnoses
E88.810	Metabolic Syndrome or Dysmetabolic Syndrome X
E88.819	Insulin Resistance, Unspecified
Q87.83	Bardet-Biedl Syndrome
Z98.84	Status-Post Metabolic Bariatric Surgery
Z59.41	Food Insecurity
I15.9	Secondary Hypertension, Unspecified
E78.5	Hyperlipidemia/Dyslipidemia, Unspecified (any abnormality in lipids)
E78.0	Hypercholesterolemia (elevated LDL or VLDL)
E78.1	Elevated Fasting Triglycerides
E78.2	Mixed/Combined Hyperlipidemia (elevated LDL, VLDL, and/or Triglycerides)
E78.6	Lipoprotein Deficiency (low HDL)
E28.2	Polycystic Ovarian Syndrome
E55.9	Vitamin D Deficiency
R73.09	Other abnormal glucose; (blood sugar or OGTT)
R73.01	Impaired/Elevated Fasting Glucose
G47.33	Obstructive Sleep Apnea
E66.2	Obesity Hypoventilation Syndrome
K76.0	Non-Alcoholic Fatty Liver Disease (NAFLD, MASLD)
K21.9	Esophageal Reflux Disease
F50.9	Eating Disorder, unspecified
	Common Weight-Related Signs/Symptoms (choose most specific code available)
L83	Acanthosis Nigricans
L90.6	Striae
E65	Localized adiposity
R03.0	Elevated blood pressure without diagnosis of hypertension
R63.1	Polydipsia (excessive thirst)
R35.0	Polyuria (frequent urination)
M21.90	Varus Deformity, acquired
G47.9	Disorder of sleep

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Additional Billing Codes

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CPT/HCPCS	Description	Type of Provider	
G2211	Medically Complex Care	MD NP PA	
	<ul style="list-style-type: none"> Add on to E&M 99202-99215 if you are seeing patient long-term for their obesity or other chronic comorbid disease Can't use with other modifier 25, 24, or 53 situations Approved by CMS Medicare, other payors TBD 		
	99453,4,7,8		Remote Patient Monitoring (RPM) (e-scale, blood pressure, etc)
	99091		Must be an established patient, collected for >16/30 days
G0447	Medicare Face-to-face behavioral counseling for obesity, individual, 15 min	MD NP PA	
G0473	Medicare Face-to-face behavioral counseling for obesity, group (2-10), 30 min		
Max use is 22 times in 12-month period			
97802	Medical nutrition therapy; initial assessment and intervention, individual, each 15 minutes	RD	
97803	Medical nutrition therapy; reassessment and intervention, individual, each 15 minutes		
97804	Medical nutrition therapy group (2 or more individuals), each 30 min		
G0270	Medical Nutrition Therapy: Reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen, individual face-to-face, each 15 min	RD	
G0271	Group , face-to-face, each 15 min		
90791	Psychiatric Diagnostic Evaluation	MD NPP LMSW LCSW LP RN LMHC LMFT LCAT	
90792	Psychiatric Diagnostic Evaluation with Medical Services	MD NPP	
90832,4,7	Psychotherapy, 16-37 minutes, 38-52 minutes, >53 minutes	MD PA LCSW LPC LAC LMSW	
90833,6,8	Psychotherapy, with E&M, 16-30 min, 31-45 min, 46-60 min (*MD only)		
90846	Family Psychotherapy (without patient present) >26 min	MD LCSW LMSW LPC LMFT LAC	
90847	Family Psychotherapy (with patient present) >26 min		
90849	Multiple Family Group Psychotherapy		
90853	Group Psychotherapy (other than multiple family groups)		
96156,8,9	Health Behavior Assessment, or Re-Assessment		
96164-8	Health Behavior Intervention	LCSW MFT MHC	
S9449	Weight management classes, per session	NPP	
S9452	Nutrition classes, per session	NPP	
S9470	Nutrition counseling, dietitian visit	RD	

Acronyms:

Licensed Associate Counselor (LAC)	Licensed Master Social Worker (LMSW)	Marriage and Family Therapist (MFT)	Nurse Practitioner (NP)
Licensed Creative Arts Therapist (LCAT)	Licensed Mental Health Counselor (LMHC)	Medical Doctor (MD)	Physician Assistant (PA)
Licensed Clinical Social Worker (LCSW)	Licensed Professional Counselor (LPC)	Mental Health Counselor (MHC)	Registered Dietitian (RD)
Licensed Marriage and Family Therapist (LMFT)	Licensed Psychologist (LP)	Non-Physician Practitioner (NPP)	Registered Nurse (RN)

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Additional Codes for SDoH/Psychosocial Screening:

- **96127** = adolescent behavioral health screen (Ex. PHQ9, GAD7)
- **96160/96161**= social determinant of health evaluation (patient/caregiver focused)

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 (55-69 min) & new patient time (75-89 min)
 - **CMS:** G2212 x # = 15 min increments above Level 5 est pt time (69-83 min) & new pt time (89-103 min)

Interprofessional Telephone/Internet Consultation (non-patient facing, aka E-Consults):

- Consider using if a primary care provider is requesting a expert/specialist consultation on a patient but they do not intend to transfer care to them within 14 days.
- Consider using statement “More than 50% of the service time was spent in verbal and/or written communication with the consulting physician/QHP”

CPT Code	Time	Report Required	Reported By
99446	5-10 minutes	Verbal & Written	Consultant
99447	11-20 minutes	Verbal & Written	Consultant
99448	21-30 minutes	Verbal & Written	Consultant
99449	31+ minutes	Verbal & Written	Consultant
99451	5+ minutes	Written only	Consultant
99452	16+ minutes	Preparing for the consult & time spent communicating	Treating/Requesting Physician/ QHP (qualified health professional)

Physician Preventive 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 dietitian, psychologist or physical therapist).”

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

References:

(1) CDC National Center for Health Statistics – ICD-10-CM Search Tool, <https://icd10cmtool.cdc.gov/?fy=FY2024> (2) CMS CR2024 Physician Fee Schedule (PFS) - <https://www.cms.gov/medicare/payment/fee-schedules/physician> (3) AAPC Blog <https://www.aapc.com/blog/> (4) AMA Billing and Coding Articles (5) AAP Pediatric Coding Newsletter Articles (6) MGMA Medical Coding Updates

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