

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Obesity and Related Co-Morbidities Coding Fact Sheet for Primary Care Pediatricians

While coding for the care of children with obesity and related co-morbidities is relatively straightforward, ensuring that appropriate reimbursement is received for such services is a more complicated matter. Many insurance carriers will deny claims submitted with "obesity" 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, where the first tier requires that the provider submit claims using appropriate codes and the second tier involves the practice-level issues of denial management and contract negotiation.

This Coding Fact Sheet will provide you with a guide to coding for obesity-related health care services. The Academy presents strategies and a template letter for pediatric practices to handle carrier denials and contractual issues in a separate document accessible from the AAP Private Sector Advocacy web page on the Academy's Member Center web site (www.aap.org/moc).

Procedure Codes

Current Procedural Terminology (CPT®) Codes

Body Fat Composition Testing

There is no separate 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 Glucose monitoring for up to 72 hours by continuous recording and storage of glucose values from interstitial tissue fluid via a subcutaneous sensor (includes hook-up, calibration, patient initiation and training, recording, disconnection, downloading with printout of data)

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, under age 3 years, necessitating physician's skill, not to be used for routine venipuncture; other vein
- 36410 Venipuncture, age 3 years or older, necessitating physician'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 of gastric restrictive procedure for morbid obesity (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, psychophysiological 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, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment

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 utilizing cognitive, behavioral, social, and/or psychophysiological 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; re-assessment 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

CPT codes are also known as Healthcare Common Procedure Coding System (HCPCS) Level I codes. The Healthcare Common Procedure Coding System also contains Level II codes. These 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.

HCPCS Level II codes were developed to fill in the gaps in the CPT nomenclature. While they are reported in the same way as a CPT code, they consist of one alphabetic character (A-V) followed by four 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, non-physician provider, individual, per session
S9446 Patient education, not otherwise classified, non-physician provider, group, per session
S9449 Weight management classes, non-physician provider, per session
S9451 Exercise class, non-physician provider, per session
S9452 Nutrition class, non-physician provider, per session
S9454 Stress management class, non-physician provider, per session
S9455 Diabetic management program, group session
S9460 Diabetic management program, nurse visit
S9465 Diabetic management program, dietician visit
S9470 Nutritional counseling, dietician 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 diencephalohypophyseal 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

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
313.81	Oppositional defiant disorder
307.50	Eating disorder, unspecified
307.51	Bulimia nervosa
307.59	Other and unspecified 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

Musculoskeletal System and Connective Tissue

732.4	Juvenile osteochondrosis of lower extremity, excluding foot
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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
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Symptoms, Signs, and Ill-Defined Conditions

780.50	Sleep disturbance, unspecified
780.51	Insomnia with sleep apnea, unspecified
780.53	Hypersomnia with sleep apnea, unspecified
780.54	Other Hypersomnia, unspecified
780.57	Other and u Unspecified sleep apnea
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; pre-diabetes 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 below are used to deal with occasions when 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
V18.1	Family history of 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
V61.0	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

AAP Activities

Some chapters have created pediatric councils that meet with carrier medical directors to discuss pediatric issues. AAP members may contact their chapter to report issues related to coverage for obesity with carriers. Members may also report carrier issues using the AAP Hassle Factor Form, available on the Member Center (www.aap.org/moc) under the "More Resources" link.

The AAP Private Sector Advocacy Advisory Committee and Task Force on Obesity are addressing coverage and reimbursement issues for primary care and developmental and behavioral pediatricians including carve outs, health plan provider networks, coverage and compensation for evaluation and treatment and will be developing strategies and resources to help pediatric practices advocate for enhanced coverage and compensation for obesity. Refer to the AAP "Pediatric Overweight and Obesity" policy statement (<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;112/2/424>) for recommendations for health care providers on the clinical assessment, prevention, and treatment of obesity. For more information on coding, contact the AAP Division of Health Care Finance and Quality Improvement at dhcfqi@aap.org.