

# 2026 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
<b>LOW MDM</b>			<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;95<sup>th</sup> percentile 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 &amp; order 2 lab tests</li> </ul>
99203	New Level 3	30-44		
99213	Established Level 3	20-29		
<b>MODERATE MDM</b>			<ul style="list-style-type: none"> <li>• <b>Problem:</b> 1 or more chronic illnesses w/ exacerbation, progression or side effects of treatment <b>OR</b> 2 or more stable chronic illness <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: 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> Prescription drug <b>OR</b> managed chronic drug <b>OR</b> decision to perform minor 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 <b>AND</b> 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 stable obesity (BMI stable) with chronic hypertension and you refill their blood pressure medication</li> </ul>
99204	New Level 4	45-59		
99214	Established Level 4	30-39		
<b>HIGH MDM</b>				
<b>HIGH MDM</b>			<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 major 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 severe obesity with BMI percentile above 99<sup>th</sup> percentile or BMI≥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 and depression with suicidal ideation <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 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</li> <li>• Patient with obesity and new onset hypertensive urgency and decision about hospitalization discussed (even if hospitalization did not occur)</li> </ul>
99205	New Level 5	60-74		
99215	Established Level 5	40-54		

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# Obesity-Related ICD-10 Diagnosis Codes

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ICD-10	Weight-Related Diagnosis Code	Notes
E66.81	<b>Obesity, Endogenous by Class</b>	<ul style="list-style-type: none"> <li>• Can be used as a primary diagnosis code under EPSDT services</li> <li>• Use for hypothalamic obesity syndromes by POMC, LEPR, BBS, PCSK1</li> <li>• Consider using if weight gain was mostly caused by a medication</li> </ul>
E66.811 Obesity, class 1	<b>Class 1:</b> BMI $\geq 30\text{kg/m}^2$ to $<35\text{kg/m}^2$	
E66.812 Obesity, class 2	<b>Class 2:</b> 120% to $<140\%$ of the 95 <sup>th</sup> percentile, or BMI $35\text{kg/m}^2$ to $<40\text{kg/m}^2$	
E66.813 Obesity, class 3	<b>Class 3:</b> 140% of the 95 <sup>th</sup> percentile or greater, or BMI $\geq 40\text{kg/m}^2$	
E88.82	<b>Obesity, Due to Disruption in the MC4R pathway</b>	
E66.1	<b>Obesity, Drug Induced</b>	
E66.2	<b>Severe Obesity with Alveolar Hypoventilation</b>	
E66.9	Obesity, Unspecified	<ul style="list-style-type: none"> <li>• Least specific, less preferred</li> <li>• May contribute to obesity stigma/bias as most obesity is endogenous and not caused by nutrition or extra calories alone</li> <li>• Recommend trying to avoid the word "morbid" to help reduce stigma/bias</li> </ul>
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"> <li>• <math>\geq 99^{\text{th}}</math> percentile BMI for age or BMI <math>\geq 40</math></li> </ul>	
E66.3	Overweight (BMI 25-29 or 85 <sup>th</sup> percentile to $<95^{\text{th}}$ percentile BMI for age)	<ul style="list-style-type: none"> <li>• Can use as primary code, but more likely to be paid if comorbidity is used as primary code</li> </ul>
Z68.3	Adult BMI 30-39	<ul style="list-style-type: none"> <li>• Age 20 yrs +</li> <li>• Not a billable/primary code</li> </ul>
Z68.4	Adult BMI 40 or greater	
Z68.53	Pediatric BMI, 85 <sup>th</sup> percentile to less than 95 <sup>th</sup> percentile for age	<ul style="list-style-type: none"> <li>• Age 0-19 yrs</li> <li>• Not a billable/primary code</li> </ul>
Z68.54	<b>Pediatric BMI 95<sup>th</sup> percentile</b> for age to $<120\%$ of the 95 <sup>th</sup> percentile for age (Class 1)	<ul style="list-style-type: none"> <li>• Age 0-19 yrs</li> <li>• Not a billable/primary code</li> </ul>
Z68.55	<b>Pediatric BMI 120%</b> of the 95 <sup>th</sup> percentile for age to $<140\%$ of the 95 <sup>th</sup> percentile for age (Class 2)	
Z68.56	<b>Pediatric BMI <math>\geq 140\%</math></b> of the 95 <sup>th</sup> 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	Metabolic Dysfunction-Associated Steatotic Liver Disease ( MASLD)
K21.9	Esophageal Reflux Disease
F50.9	Eating Disorder, unspecified
	<b>Common Weight-Related Signs/Symptoms</b> (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
M21.16	Varus deformity, not elsewhere classified, knee (bow legs)
Z15.1	Genetic susceptibility to obesity

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# Additional Billing Codes

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CPT/HCPCS	Description	Type of Provider
<b>G2211</b>	Medically Complex Care <ul style="list-style-type: none"> <li>Add on to E&amp;M 99202-99215 if you are seeing patient long-term for their obesity or other chronic comorbid disease</li> </ul>	MD NP PA
<b>99453</b>	Remote Patient Monitoring; initial setup and patient education on equipment use (1x billable code) <ul style="list-style-type: none"> <li>Must be an established patient, collected for &gt;16/30 days</li> </ul>	MD NP PA
<b>99454</b>	Remote Patient Monitoring; supply of device and monitoring of patient data (billable every 30 days)	
<b>99457</b>	Remote Patient Monitoring; remote physiologic monitoring services for first 20 minutes of RPM (billable every 30 days)	
<b>99458</b>	Remote Patient Monitoring; remote physiologic monitoring services for each additional 20 minutes of RPM	
<b>G0447</b>	Medicare Face-to-face behavioral counseling for obesity, individual, 15 min	MD NP PA
<b>G0473</b>	Medicare Face-to-face behavioral counseling for obesity, group (2-10), 30 min	
Max use is 22 times in 12-month period		
<b>97802</b>	Medical nutrition therapy; <b>initial</b> assessment and intervention, individual, each 15 minutes	RD
<b>97803</b>	Medical nutrition therapy; <b>reassessment</b> and intervention, individual, each 15 minutes	
<b>97804</b>	Medical nutrition therapy <b>group</b> (2 or more individuals), each 30 min	
<b>G0270</b>	Medical Nutrition Therapy: Reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen, <b>individual</b> face-to-face, each 15 min	RD
<b>G0271</b>	<b>Group</b> , face-to-face, each 15 min	
<b>90791</b>	Psychiatric Diagnostic Evaluation	MD, NPP, LMSW, LCSW, LP, RN, LMHC, LMFT, LCAT
<b>90792</b>	Psychiatric Diagnostic Evaluation with Medical Services	MD, NPP
<b>90832,4,7</b>	Psychotherapy, 16-37 minutes, 38-52 minutes, >53 minutes	MD, PA, LCSW, LPC, LAC, LMSW
<b>90833,6,8</b>	Psychotherapy, with E&M, 16-30 min, 31-45 min, 46-60 min (*MD only)	
<b>90846</b>	Family Psychotherapy (without patient present) >26 min	MD, LCSW, LMSW, LPC, LMFT, LAC
<b>90847</b>	Family Psychotherapy (with patient present) >26 min	
<b>90849</b>	Multiple Family Group Psychotherapy	
<b>90853</b>	Group Psychotherapy (other than multiple family groups)	
<b>96156</b>	Health Behavior Assessment	LCSW MFT MHC
<b>96158</b>	Health Behavior Intervention, individual, 30 minutes	
<b>96159</b>	Health Behavior Intervention, individual, each additional 15 minutes	
<b>96164</b>	Health Behavior Intervention, group, 30 minutes	
<b>96165</b>	Health Behavior Intervention, group, each additional 15 minutes	
<b>96167</b>	Health Behavior Intervention, family with patient, 30 minutes	
<b>96168</b>	Health Behavior Intervention, family with patient, each additional 15 minutes	

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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CPT/HCPCS	Description	Type of Provider
<b>S9449</b>	Weight management classes, per session	NPP
<b>S9452</b>	Nutrition classes, per session	NPP
<b>S9470</b>	Nutrition counseling, dietitian visit	RD
<b>G0019</b>	Community Health Integration Services, 60 minutes per calendar month	Auxillary staff under the direction of a physician or provider
<b>G0022</b>	Community Health Integration Services, each additional 30 minutes per calendar month	
Consider for IHBLT; must address unmet SDoH needs		
<b>98960</b>	Education and Training for Patient Self-Management, Face-to-Face using a standardized, evidence-based curriculum	RD CDCES RN LHE CHW
<b>98961</b>	Group (2-4 patients), 30 minutes	
<b>98962</b>	Group (5-8 patients), 30 minutes	
<b>G0023</b>	Principal Illness Navigation, 60 minutes per calendar month	Auxillary staff under the direction of a physician or provider
<b>G0024</b>	Principal Illness Navigation, each additional 30 minutes per calendar month • Consider for IHBLT; Must address unmet SDoH needs	

**Acronyms:**

Certified Diabetes Care and Education Specialist (CDCES)  
Community Health Worker (CHW)

Licensed Health Educator (LHE)  
Non-Physician Practitioner (NPP)

Registered Dietitian (RD)  
Registered Nurse (RN)

**Additional Codes for SDoH/Psychosocial Screening:**

- **96127** = Adolescent behavioral health screen (Ex. PHQ9, GAD7, PSC-17, Vanderbilt, ASQ, ACEs, CRAFFT)
- **96160** = Administration of patient-focused health risk assessment instrument, completed by the patient (SDoH, FNPA, other structured obesity or lifestyle health risk tool)
- **96161** = Administration of caregiver-focused health risk assessment instrument, completed by the parent/caregiver (SDoH, FNPA, other structured obesity or lifestyle health risk tool)
- **G0136** = Administration of a standardized, evidenced-based assessment of physical activity and nutrition, 5-15 minutes, not more often than every 6 months

**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)

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

- Consider using if a primary care provider is requesting an 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 dietician, 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		

## Modifiers:

- **Modifier -25** is used to report a significant, separately identifiable evaluation and management service performed on the same day as another procedure or service.
- **Modifier -33** is used to indicate that a service qualifies as an ACA-mandated preventive service, allowing cost-sharing to be waived by commercial payers, when the service is not otherwise identified as preventive by the CPT code itself. ACA-mandated preventive services include evidence-based services with USPSTF Grade A or B recommendations, State Medicaid EPSDT Services, as well as applicable HRSA and ACIP recommendations.

References: (1) CDC National Center for Health Statistics – ICD-10-CM Search Tool, <https://icd10cmtool.cdc.gov/?ty=FY2024> (2) CMS CR Physician Fee Schedule (PFS) - <https://www.cms.gov/medicare/payment/fee-schedules/physician> (3) AMA Billing and Coding Articles (4) MGMA Medical Coding Updates

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