



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 payment 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.

Part I of this Coding Fact Sheet will provide you with a guide to coding for obesity-related health care services. Part II will present strategies for pediatric practices to handle carrier denials and contractual issues.

PART I: CODING

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
- 43770 Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive deviceband (eg, gastric band and subcutaneous port components)
- 43771 Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive deviceband component only
- 43772 Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive deviceband component only
- 43773 Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive deviceband component only
- 43774 Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive deviceband and subcutaneous port components
- 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 restrictive deviceband (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. 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 gaps in the CPT nomenclature. While they are reported in the same way as CPT codes, 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 implementation 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
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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 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
313.81	Oppositional defiant 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)
327.26	Sleep related hypoventilation/hypoxemia in conditions classifiable elsewhere
327.29	Other organic sleep apnea
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
780.52	Insomnia, unspecified
780.53	Hypersomnia with sleep apnea, unspecified
780.54	Hypersomnia, unspecified
780.57	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
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
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
V85.51	Body Mass Index, pediatric, less than 5 th percentile for age
V85.52	Body Mass Index, pediatric, 5 th percentile to less than 85 th percentile for age
V85.53	Body Mass Index, pediatric, 85 th percentile to less than 95 th percentile for age
V85.54	Body Mass Index, pediatric, greater than or equal to 95 th percentile for age

PART II: DENIAL MANAGEMENT AND CONTRACT NEGOTIATION

The current private carrier coverage environment for obesity services is mixed. Private *carriers* may have *health plans* that do not cover obesity related services under the medical plan and it may be carved out of the benefits package completely or part of a disease management program.

The key is to determine the level of coverage by the health plan for obesity evaluation and treatment.
If the health plan denies an appropriately coded service for obesity:

****Determine the nature of the denial to determine the appropriate follow up.**

****Review the carrier's denial letter or explanation of benefits (EOB) for the reason for the denial. Most commonly provided reasons are due to **bundling** of services, or it is a **carve out** from the medical plan benefits or it is a **non-covered service**.**

- **Bundling** Obesity evaluation and treatment services may be bundled with the Evaluation and Management (E/M) services by the carrier. The CPT codes listed in Part I represent separately identifiable services and should be reported as such. While there is no legal mandate requiring private carriers to adhere to CPT guidelines, it is considered a 'good faith' gesture for them to do so, given that the guidelines are the current standard within organized medicine. All inappropriate bundling of services should be appealed by the pediatric practice to the carrier.
- **Carve-out** Some carriers may carve out obesity related services from the provide network to a smaller specialty network or a disease management program. The pediatrician may consider contacting the carrier to determine the extent of the carve-out and to what degree coverage and payment is available for obesity related services. As a contractual issue between the health plan and pediatric practice, the pediatrician may discuss with the carrier to be part of the network or disease management program.
- **Non-covered service** Carriers may have different levels of health plan benefits and the family may be covered by a health plan with limited benefits coverage that do not provide any benefits coverage for obesity related services. In these situations, the family would be financially responsible for services provided to evaluate and treat obesity.

Strategies to enhance coverage:

In addressing issues with carriers, strategies include **filing appeals** and **negotiating contractual provisions**. A sample letter to send to carriers regarding bundling and carve-outs is included.

- **Filing appeals** Pediatric practices can follow these general guidelines when appealing claim denials or partially paid claims (excerpted from *Appealing Claim Denials Can Improve the Bottom Line, AAP News, June 2004*):
 1. Review all carrier explanation of benefits (EOB). Compare the billed amount and CPT codes with the EOB to determine the level of discounts, denials, inappropriate carrier re-coding or partial payments.
 2. Make sure the claim was prepared properly, that all information is correct and documentation supports the CPT codes. Once assured the denial was not due to an error on the practice's part, proceed with the appeal.
 3. Send appeals in writing and to the right person — look up the contact person in the contract or call the carrier, explain the situation and what is coming so they can be on the lookout. If you are not satisfied with the response, contact the plan's medical director.
 4. Send the appeal by certified mail to verify receipt by the health plan.
 5. List the member's name, carrier identification number and claim number on all documentation.
 6. State your case in objective and factual terms. Identify the result you want and provide medical justification and CPT coding guidelines to support your case (keep in mind most claim processors do not have a medical or coding background, so be clear and specific). Sample

appeal letters that can be used as templates are available on the Member Center of the AAP Web site (www.aap.org/moc) under the Private Sector Advocacy page.

7. Suggest how denials can be avoided in the future, particularly if it is a recurring problem.
 8. Monitor for a response. If the carrier does not respond within the time frame specified in your initial appeal, follow up with a second letter.
 9. Create a spreadsheet to track appeals to each carrier so at contract renewal time, you can determine whether to continue to work with that carrier and identify items to modify in the contract.
 10. Each health plan should have a written statement explaining the procedures required for both first and second level appeals. If it is not excluded in the contract, and the practice has correctly coded and properly documented the services, continue to appeal. Should further action be required, contact the state department of insurance or depending on the state in which you practice, the state department of banking and insurance or state department of health. Most states have prompt pay laws. If a managed care organization violates the prompt pay law, the physician may be eligible for interest payments on the amount owed, depending on state law.
 11. If a claim is denied and the health plan informs that it is a non-covered service or is the plan member's responsibility, bill the plan member and include a copy of the EOB and denial with the bill.
 12. Contact your AAP chapter to keep it aware of your issues. Some chapters have Pediatric Councils that meet regularly with health plan medical directors and Medicaid representatives to address coverage issues. Utilize the AAP Hassle Factor Form to report problems with carriers. (Some chapters have made the Hassle Factor Form available on their Web site, or it can be accessed on the Member Center, under the "More Resources" link.)
- **Negotiating contractual provisions** In contacts with the health plans to discuss contractual issues, the key components are to:
 1. Address this issue with the person having authority to make decisions regarding payment. The carrier provider representative may not have the decision making authority in this type of matter.
 2. Focus the argument on how this is cost effective to the family and health plan as well as how it relates to quality care (provide documentation supporting your position).
 3. Frame your position on how it impacts the quality of care, cost effectiveness and patient satisfaction. Carriers are very conscious of quality issues, how a proposed change will affect overall expenses and efficiency, and their market share. The carrier's current policy may not cover obesity related services and the carrier needs to be made aware of the impact to the patient, family, pediatrician and carrier.
 4. Consider notifying the family and employer since they may bring pressure onto the carrier and employer to expand health plan coverage.

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 is addressing coverage and payment 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 (<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;112/2/424>) policy statement for recommendations for health care providers on the clinical assessment, prevention, and treatment of obesity.

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