Obesity Coding Fact Sheet: Appendix A
Expert Panel Recommendation Stages

Prevention:
1. Plot BMI percentiles yearly, assess
2. Reinforce healthy behaviors
3. 5-2-1-0 plan
4. Revisit yearly
The services provided during the Prevention Stage are included in the annual well visit (99381-99385 for new patient, 99391-99395 for established patient). V20.2 is the diagnosis for the well visit. You will also report a code from the V85.51-V85.54 series to record the patient’s Body Mass Index:

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 for age

Step 1 Prevention Plus: Primary Care Office:
1. Explore knowledge base, look for risks of low self esteem, negative body image
2. Counsel on 5-2-1-0 message, self monitoring logs
3. Engage whole family in activities
4. Weight goal: maintenance to grow into weight at 85th percentile BMI
5. Revisit w/ family q 1-3 months, if no improvement in 3-6 months proceed to step 2
The services provided during the Prevention Plus Stage are included in the annual well visit (99381-99385 for new patient, 99391-99395 for established patient). However, if a significant, separately identifiable service is performed, an Office or Other Outpatient Service evaluation and management (E/M) code (99201-99215) is reported in addition to the well visit. Be sure to attach the modifier 25 to this code.

Step 2 Structured Weight Management: Primary Care Office With Support
1. Develop plan for balanced macronutrient intake with emphasis on portion size of high energy dense foods
2. Increase frequency of structured family meals, planning with an RD
3. Reemphasize importance of monitoring logs (age appropriate)
4. Supervised active play 60 minutes /d, community support
5. Weight goal: maintenance or loss of 1#/month (age 2-11) up to 1-2 #/week for obese teens) to achieve 85th percentile BMI
6. Revisit at least monthly with MD, RD, office staff. Reassess in 3-6 months proceed to step 3 prn

This service is performed during a visit separate from the well visit. CPT codes to consider are the Health and Behavior Assessment/Intervention and the Medical Nutrition Therapy codes.

**Health and Behavior Assessment/Intervention**

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; reassessment

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 the patient present)

96155 Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)

*E/M codes (including Counseling and Risk Factor Reduction and Behavior Change Intervention (99401-99412) should not be reported on the same day.

*For health and behavior assessment and/or intervention performed by a physician, use an E/M code.

**Medical Nutrition Therapy**

97802 Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the 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

*These services are typically performed by registered dieticians. For medical nutrition therapy performed by a physician, use an E/M code.

**Step 3 Comprehensive Multidisciplinary Intervention, Specialized Program**
1. Eating and physical activity plans as in phase 2
2. Behavioral support with structured behavior modification program
3. Motivational interviewing
4. Revisit weekly, reassess in 6-12 months, if no progress consider step 4

The Medical Team Conference codes (99366-99368) are reported for these services. Medical team conferences include face-to-face participation by a minimum of three qualified health care professionals from different specialties or disciplines, with or without the presence of the patient, family member(s), community agencies, surrogate decision makers.

99366 Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional

99367 Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present; participation by physician

99368 participation by nonphysician qualified health care professional

*Physicians report time spent in a team conference with the patient and/or family present using an E/M code

**Step 4 Tertiary Care: Hospital setting with experienced team**
1. BMI>95th with significant co-morbidities, unsuccessful in stages 1-3 and children with BMI >99th unsuccessful in stage 3
2. Experienced Multidisciplinary Team with designated protocol
3. Eating and physical activity plans as in phase 2 with consideration of additions of meal replacement, VLCD, Medication, and surgery

Report the same codes as outlined in Step 3, including the Medical Team Conference codes (99366-99368). In addition, you will report the Inpatient Hospital Care codes (99221-99223 for initial and 99231-99233 for subsequent).
**Initial Hospital Care**

99221 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components:
- A detailed or comprehensive history
- A detailed or comprehensive examination; and
- Medical decision making that is straightforward or of low complexity

99222 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components:
- A comprehensive history
- A comprehensive examination; and
- Medical decision making of moderate complexity

99223 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components:
- A comprehensive history
- A comprehensive examination; and
- Medical decision making of high complexity

**Subsequent Hospital Care**

99231 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:
- A problem focused interval history
- A problem focused examination;
- Medical decision making that is straightforward or of low complexity

99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:
- An expanded problem focused interval history
- An expanded problem focused examination;
- Medical decision making of moderate complexity

99233 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:
- A detailed interval history
- A detailed examination;
- Medical decision making of high complexity