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| coding tool |

Prevention:

During well child care visits: assess weight for length percentile for ages 1 to 2 years, plot BMI percentile for ages 2 years and up, assess for risk factors, discuss 5-2-1-0, and assist in providing resources to maintain a healthy weight

ο For new patient use 99381-99385 plus appropriate V code

ο For established patient use 99391-99395 plus appropriate V code

* codes ***(Use these if you participate in the Anthem pilot)***
	+ - V85.51 - BMI <5th percentile (underweight)
		- V85.52- BMI 5th- 85th percentile (healthy weight)
		- V85.53 - BMI 85th - 95th percentile (overweight)
		- V85.54 - BMI >95th percentile (obese)

Stage 1: Prevention Plus children identified as overweight or obese):

Initial Visit

During the well visit: assess weight for length percentile for ages 1 to 2 years, assess for risk factors, plot BMI percentile for ages 2 years and up , establish goals for weight maintenance or loss, engage family and develop a working plan.

ο For new patient use code 99381-99385 plus appropriate V code

ο For established patient use code 99391-99395 plus appropriate V code

ο *If* a *significant and separately identifiable service is performed, an ElM code 99201-99215 can be used with an attached*25 *modifier*

During a sick visit or problem focused visit, if time allows and a concern arises about overweight or obesity: assess weight for length percentile for ages 1 to 2 years, plot BMI percentile for ages 2 years and up, assess for risk factors, establish goals for weight maintenance or loss, engage family and develop a working plan. The physician should make sure they code appropriately

based on time, counseling and education.

99212 - Outpatient visit (typically 10 minutes) 99213 - Outpatient visit (typically 15 minutes) 99214 - Outpatient visit (typically 25 minutes) 99215 - Outpatient visit (typically 40 minutes)

Follow Up Visits (or problem focused visits)

After the initial well visit or during a problem focused visit in which a child is identified as overweight, schedule follow up visits every 1-3 months to assess progress over the

next 3-6 months. These follow up visits should be separate from well visits.

 Physicians providing behavioral assessment and intervention should use ElM codes 99212- 99215. The physician should make sure they code appropriately based on time, counseling and education.

99212 -Outpatient visit (typically 10 minutes) 99213 - Outpatient visit (typically 15 minutes) 99214 - Outpatient visit (typically 25 minutes) 99215 - Outpatient visit (typically 40 minutes)

• Health and Behavioral Assessment/lntervention and Medical Nutrition Therapy Codes (96150- 96155 and 97802-97804) see allied health professional codes below) may be used ONLY if these service providers are available within the primary care office.

*Recommendations are in accordance with Assessment of Children and Adolescent Overweight and Obesity Pediatrics. December 2007 Supplement 4. Vol. 120 Page 1*

coding tool

Stage 2: Structured Weight Management (Primary care plus support)

This stage is for a patient who needs services beyond those that could be provided by a primary care

clinician’s office. Additional services may include an assessment by a registered dietician and/or behavioral health provider, as well as utilization of exercise programs appropriate for youth.

Primary care clinicians continue to use E/M codes 99212-99215 for follow up visits as above and initiate additional services as appropriate. Check with insurance companies regarding coverage of and prior authorization requirements for nutrition and behavioral health services.

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| Stages 3 and 4: |  |  |
| These stages are for patients who need more intensive weight management interventions than | what can be |
| provided in the primary care office with | support. However, primary care clinicians should still follow these |

patients in addition to the specialized care providers. Stage 3 includes comprehensive, multidisciplinary intervention (ie. gastroenterologist, endocrinologist, cardiologist, bariatric). Stage 4 includes tertiary care center intervention for more intensive management.

ICD-9 Codes clinicians should document when applicable

|  |  |  |  |
| --- | --- | --- | --- |
| 783.1 | - Abnormal weight gain | 272.0 - Hyperlipidemia |  |
| 272.4 - Other Hyperlipidemia |  |
| 701.2 | – Acanthosis Nigricans |  |
| 401.9 - Hypertension |  |
| V18.0 - Family history Diabetes Mellitus |  |
| 277.7 - Insulin Resistance |  |
| V17.49 - Family history heart disease |  |
|  |  |

Other ICD-9 codes that may apply to office visits:

**Congenital Anomalies**

758.0 Down syndrome

759.81 Prader-Willi syndrome

759.83 Fragile X syndrome

759.89 Other specified anomalies (Laurence-Moon syndrome)

**Women’s Health**

611.1 Hypertrophy of the breast

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| coding tool |

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| **Digestive system** |  | **Mental disorder** |  |
| 530.81 | Esophageal reflux |  |  |
|  | 300.0 | Anxiety state, unspecified |  |
| 564.0 | Constipation, unspecificed |  |  |
|  | 300.02 Generalized anxiety disorder |  |
| 571.8 Other chronic nonalcoholic liver disease |  |  |
|  | 307.59 Other and unspecified disorders |  |
|  |  |  |  |
| **Endocrine, metabolic, nutritional** |  |  |  of eating |  |
|  | 308.3 | Other acute reactions to stress |  |
| 244.8 | Other specified acquired hypothyroidism |  |  |
|  | 311 |  Depressive disorder, |  |
| 244.9 | Unspecified hypothyroidism |  |  |
|  |  | not elsewhere classified |  |
| 250.00 Diabetes mellitus-type 2 without complication |  |  |
|  |  |  |
| 250.02 | Diabetes mellitus-type 2 without complication | & | uncontrolled |  |  |
| 256.4 | Polycystic ovaries |  |  |  |  |
| 272.0 | Pure hypercholesterolemia |  | **Nervous system and sense organs** |  |
| 272.1 | Pure hyperglyceridemia |  |  |
|  | 327.23 | Obstructive sleep apnea |  |
| 272.2 | Mixed hyperlipidemia |  |  |
|  | 348.2 |  Benign intracranial hypertension |  |
| 277.7 | Dysmetabolic syndrome X/metabolic syndrome |  |  |
|  |  |  |  |
| 278.00 | Obesity unspecified (often not covered) |  |  |  |  |
| 278.02 | Morbid obesity |  |  |  |  |
| 278.02 | Overweight |  |  |  |  |

**Musculoskeletal System and Connective Tissue**

732.4 Juvenile osteochondrosis of lower extremity excluding foot (Blount’s disease)

coding tool

**Symptoms, signs and ill-defined conditions**

783.3 Feeding difficulties and mismanagement

783.5 Polydipsia

783.6 Polyphagia

783.9 Other symptoms concerning nutrition,metabolism & health

786.05 Shortness of breath

789.1 Hepatomegaly

790.22 Impaired glucose tolerance test

790.29 Other abnormal glucose, unspecified

790.4 Nonspecific elevation of transaminase or LDH

790.6 Other abnormal blood chemistry (hyperglycemia)

**Codes for use by allied health professionals, behavioral providers and dieticians/nutritionists**

|  |  |  |
| --- | --- | --- |
| **Behavioral Intervention** |  |  |
| 96150 | - Health & behavioral assessment (each 15 minutes face to face with patient) |
| 96151 | - Health & behavioral re-assessment (each 15 minutes face to face with patient) |
| 96152 | - Health & behavioral intervention (each | 15 | minutes face to face, individual) |
| 96153 | - Health & behavioral intervention (each | 15 | minutes face to face, group 2 or more patients) |
| 96154 | - Health & behavioral intervention (each | 15 | minutes face to face, family-with patient present) |
| 96155 | - Health & behavioral intervention (each15 | minutes face to face, family-without patient present) |

**Nutrition**

97802 - Medical Nutrition Therapy, initial (each 15 minutes face to face with patient)

97803 - Medical Nutrition Therapy, re-assessment (each 15 minutes face to face with patient) 97804 - Medical Nutrition Therapy, group (each 30 minutes, 2 or more patients)

Note: Please check with individual insurance companies on coverage for specific codes. This document is for general guidance only

*Recommendations are in accordance with Assessment of Children and Adolescent Overweight and Obesity Pediatrics. December 2007 Supplement 4. Vol. 120 Page 2*

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*Adapted from Arizona Chapter of AAP*