



AzAAP Childhood Obesity Prevention, Assessment and Treatment
Coding Tool for Primary Care Clinicians

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

- For new patient use 99381-99385 plus appropriate ICD-9 or V code
- For established patient use 99391-99395 plus appropriate ICD-9 or V code

V codes

- V85.51- 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
 - For new patient use code 99381-99385 plus appropriate ICD-9 or V code
 - For established patient use code 99391-99395 plus appropriate ICD-9 or V code
 - *If a significant and separately identifiable service is performed, an E/M 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, complexity, 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 will be outside of the well visit
 - Physicians providing behavioral assessment and intervention should use E/M codes 99212-99215. The physician should make sure they code appropriately based on time, complexity, counseling and education
 - Health and Behavioral Assessment/Intervention 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



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.

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. Step 3 includes comprehensive, multidisciplinary intervention (ie. Gastroenterologist, Endocrinologist, Cardiologist, Bariatrician). Step 4 includes tertiary care center intervention for more intensive management.

Examples of ICD-9 Codes clinicians could document when applicable

783.1	Abnormal weight gain
701.2	Acanthosis
272.4	Other Hyperlipidemia
V18.0	Family history DM
401.9	Hypertension
V17.49	Family history heart disease
277.7	Insulin Resistance/Dysmetabolic Syndrome
278.00	Obesity
278.01	Morbid Obesity
278.02	Overweight
272.0	Pure Hypercholesterolemia
272.1	Pure Hyperglyceridemia
272.2	Mixed Hyperlipidemia
272.4	Other Hyperlipidemia
277.7	Insulin Resistance
786.09	Respiratory Distress, Not Acute
429.3	Cardiomegaly
780.71	Chronic Fatigue Syndrome and Development
786.05	Shortness of Breath
327.23	Obstructive Sleep Apnea
611.1	Hypertrophy of the Breast
783.9	Other Symptoms Concerning Metabolism
V65.41	Exercise Counseling

Codes for use by allied health professionals, behavioral providers and dietitians/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 (each 15 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)

AzAAP Payment Proposal-Childhood Obesity Stages 1 and 2

Services	BMI: 85th – 94th percentile	BMI: over 95th percentile
General Primary care/Pediatric visits	At least 4 per year	At least 4 per year with additional visits covered as needed to cover obesity management
Registered Dietitian/Nutritionist visits	6 visits per year	6 visits per year minimum with 6 additional visits covered if BMI is not improved with initial 6 visits
Behavioral health Assessment and Treatment	Evaluation as indicated based on PCP assessment with follow-up visits covered as needed	Evaluation as indicated based on PCP assessment with follow-up visits covered as needed
Subspecialty visits (e.g. Endocrine, GI, Ortho, Cards, Pulm)	Evaluation as indicated based on PCP assessment with follow-up visits covered as needed	Evaluation as indicated based on PCP assessment with follow-up visits covered as needed
Laboratories – screening for co-morbidities, continued follow-up of co-morbid conditions	Covered as needed based on lab assessment recommendations (see AzAAP Position Paper assessment and treatment section)	Covered as needed based on lab assessment recommendations (see AzAAP Position Paper assessment and treatment section)