



Coding for Morbid Obesity

Our UHC MA program has encouraged review of the following CMS coding guidelines for morbid obesity and related services.

Morbid Obesity

If a patient's BMI is >40 , providers should use the "morbidly obese" code (E66.01), rather than only coding for "obesity" (E66.9). If you are hesitant to document "morbid obesity" because the diagnosis may be accessible to the patient via the visit summary or portal, you can instead document "severe obesity," which will also code to morbid obesity (E66.01). Correct coding requires two codes: one for the documented weight condition and one for the BMI value (Z68.-). If a patient's BMI is $>35-39.99$ with a documented obesity-related comorbid condition, it is appropriate to code morbid obesity and the actual BMI.

Intensive Behavioral Therapy for Obesity

CMS covers intensive behavioral therapy for obesity, defined as $BMI \geq 30$, for the prevention or early detection of illness or disability.

Intensive behavioral therapy for obesity consists of the following:

- Screening for obesity in adults using measurement of BMI
- Dietary (nutritional) assessment
- Intensive behavioral counseling and behavioral therapy for sustained weight loss through high intensity interventions of diet and exercise

For Medicare patients with obesity, who are competent and alert at the time that counseling is provided and whose counseling is furnished by a qualified primary care physician or practitioner and in a primary care setting, CMS covers:

- One face-to-face visit every week for the first month
- One face-to-face visit every other week for months 2-6
- One face-to-face visit every month for months 7-12, if the patient meets the 6.6 lbs weight loss requirement during the first six months

HCPCS Code	Description
G0447	Face-to-face behavioral counseling for obesity, 15 minutes
G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes