



California Chapter 4

CODING FACT SHEET

Coding Fact Sheet for Primary Care Pediatrician/Obesity and Related Co-Morbidities

While coding for the care of children with obesity and related co-morbidities is relatively straight forward, ensuring that appropriate reimbursement is received for such services is a more complicated matter. Many insurance carriers will deny claims submitted with “obesity” codes (eg, 278.00), essentially carrying 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.

This Coding Fact Sheet will provide you with a guide to coding for obesity-related healthcare services. The Academy presents strategies and a template letter for pediatric practices to handle carrier denials and contractual issues in a separate document accessible from the AAP Private Sector Advocacy web page on the Academy’s Member Center web site (www.aap.org/moc). **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.*

CODING AND BILLING

For Medicaid billing, the primary care provider who evaluates a child or adolescent for overweight may charge for a Health Supervision Examination (HSE) if one year has passed since the patient’s last HSE for a school-aged child.

V20.2 Health Supervision 0-17 years

V70.3 Sports Exam

If not coding for HSE, the complexity of the medical decision making at the initial evaluation visit is crucial for determining what Evaluation and Management (E & M) code to use for the clinic 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

Digestive System

530.81 Esophageal Reflux

564.00 Constipation, unspecified

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

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

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 codes often not covered

278.00 Obesity, unspecified

278.01 Morbid Obesity

278.02 Overweight

**Note that the adult code for obesity 278.00 is probably not appropriate to use in the pediatric population. The Centers for Disease Control and Prevention have recommended that the term obesity be reserved for adults.*

Mental Disorders

307.5 Eating disorder, unspecified
307.51 Bulimia nervosa
307.59 Other and unspecified disorders of eating
327.23 Obstructive sleep apnea (adult) (pediatric)

MUSCOSKELETAL SYSTEM AND CONNECTIVE TISSUE

Skin and Subcutaneous Tissue

701.2 Acquired Acanthosis Nigricans	780.50 Sleep disturbance, unspecified
780.51 Insomnia with sleep apnea, unspecified	780.53 Hypersomnia with sleep apnea, unspecified
780.54 Other Hypersomnia, unspecified	780.57 Other and 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
783.6 Polyphagia	783.9 Other symptoms concerning nutrition metabolism and development
786.50 Shortness of breath	789.1 Hepatomegaly
787.03 Vomiting	790.22 Impaired glucose tolerance test (oral)
790.21 Impaired fasting glucose (elevated fasting glucose)	790.4
790.29 Other abnormal glucose; pre-diabetes not otherwise specified	Nonspecific elevation of levels of transaminase or lactic acid dehydrogenase [LDH]
790.6 Other abnormal blood chemistry (hyperglycemia)	

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

94960 Oxygen uptake, expire gas analysis; rest, indirect (separate procedure)
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 (included hook-up, calibration, patient initiation and training, recording, disconnection, downloading without 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 use for routine Venipuncture; other vein
36410 Venipuncture, age 3 or older, necessitation physician's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)

Healthcare Common Procedural Coding System (HCPCS) Level II Procedure & Supply Codes

CPT codes are also known as Healthcare Common Procedure Coding System (HCPCS) Level codes. The Healthcare Common Procedure Coding System also contains Level II codes. These Level II codes (commonly referred to as HCPCS) ("hick-picks") codes) are national codes that are included as part of the Heath 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 in the gaps in the CPT nomenclature. While they are reported in the same way as a CPT code, 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 advent of HIPAA, carrier software systems must now be able to recognize all HCPCS Level I (CPT) and Level II 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
V58.67 Long-term (current) use of insulin
V58.69 Long-term (current) use of other medications
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



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