

Billing & Coding for Lifestyle Counseling



CPT Codes for Obesity Screening and Counseling

Preventive medicine counseling and/or risk factor intervention/s provided to an individual (separate procedure); approximately 15 minutes - 99401

Preventive medicine counseling and/or risk factor intervention/s provided to an individual (separate procedure); approximately 30 minutes - 99402

HCPCS Code for Obesity Screening and Counseling

Face-to-face behavioral counseling for obesity, 15 minutes – for billing for behavioral counseling for obesity- G0447

CPT Codes for Medical Nutrition Therapy

Each 15 minutes in an initial individual session - 97802

Each 15 minutes in a subsequent individual session - 97803

Each 30 minutes in a group session - 97804

Renal codes - 90951 – 90965

CPT Codes for Telephonic Nutrition Counseling

Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent or guardian; 5-10 minutes of medical discussion: 98966

Telephone assessment, 11-20 minutes of medical discussion: 98967

Telephone assessment, 21-30 minutes of medical discussion: 98968

Z-Code FAQ

What is a Z-code?

Z-codes are a special group of codes provided in ICD-10-CM for the reporting of factors influencing health status and contact with health services in a patient that is not currently ill.

When are Z-codes used?

Z-codes are used for routine and administrative examinations, aftercare, follow-up examinations, pre-op examinations, counseling on diagnostic studies and management options, and preventative screening. They can be used as a solo, principal, or secondary code.

How do I locate a Z-code?

When locating a Z-code, use the reason for the visit as the main term. Common terms in alphabetic index where Z codes are found include:

“History (of)...”

“Observation (of)...” - Z04

“Problem (with)...”

“Screening (for)...” - Z13.9

“Vaccination” - Z23

Importance of Coding Appropriately

Physicians often overlook the importance of documenting lifestyle counseling. Most physicians understand basic coding but not how to code in such a way that enables them to be maximally reimbursed for counseling patients on diet, exercise, obesity and other lifestyle issues.

Additional reasons for thorough and accurate documentation are medical liability, the risk of Medicaid review/audit, provider profiling, patient labeling, epidemiological tracking, and internal tracking.

Coding errors are common and the best defense is to document thoroughly and have a back-up plan. Many offices have coders that review your documentation and add additional codes to best reflect diagnosis and management, as well as maximize reimbursement. However, use caution with coding – good coding does not equal good medicine.

Introduction to Z-Codes

Z-codes are a special group of codes provided in ICD-10-CM for the reporting of factors influencing health status and contact with health services. Z-codes are designated indicate that a person not currently ill is encountering the health service for a specific reason, such as (not all inclusive): to act as an organ donor, for medical observation for suspected diseases and conditions to be ruled out, administrative examinations (pre-employment exam, recruitment to armed forces), plastic and reconstructive surgery following medical procedures or healed injury (breast reconstruction following mastectomy, counseling/screening sessions, to classify factors influencing health status (e.g. pregnancy, family/personal health history), to classify type of contact with health services (e.g. well child check-up; sports physical).

Discussions with the patient and/or parent/caregiver qualifies as counseling if it includes discussions of one of the following: diagnostic results, impressions, and/or recommended diagnostic studies; prognosis & risks/benefits of management options; instructions of treatment/management and/or follow-up.

Z-codes can be problem-oriented, service-oriented, or factual. They are used for documenting routine examinations, aftercare, follow-up examinations, pre-op examinations, counseling, and preventative screening.

Note: Z-codes are NOT procedural codes. If you are documenting a procedure on a patient, the procedure code must accompany a Z-code to describe that procedure performed.

How to Use Z-Codes

The format of Z-codes is alphanumeric. They can be used as a solo code, principal code, or secondary code.

When locating a Z-Code, use the reason for the visit as the main term. For example, you can search common terms, such as “history of” followed by a condition, such as “history of hypertension”. You can use other terms, such as “observation of” (Z04), “screening for” (Z13.9), “problem with”, “vaccination” etc.

Screening Exams

If the reason for the encounter is specifically the screening exam, the screening code is the first-listed code and any condition discovered during the screening may be listed as an additional diagnosis. Example:

Screening for obesity - Z713.18

Lack of physical exercise - Z72.3

Inappropriate diet and eating habits - Z72.4

Patient's noncompliance with dietary regimen - Z91.11

Screening visit codes do not apply when a provider orders a diagnostic test for an individual based on a suspected abnormality, sign, or symptom. For these visits, the sign or symptom is used to report the reason for the test

Routine and Administrative Exams

Routine and administrative examinations are performed without relationship to treatment or diagnosis of an illness or symptom or at the request of third parties, such as employers or schools.

Routine examination codes should be used as first-listed codes only. This category should not be used if the

examination is for diagnosing a possible condition or for providing treatment. Instead, a diagnosis, sign, or symptom code is used to report the reason for the visit.

Persons encountering health services for examinations are available when the encounter is for an examination “with abnormal findings” and “without abnormal findings.” A note instructs the coder to use an additional code to identify any abnormal findings based on the results of the examination.

Obesity Counseling & Coding

The Affordable Care Act has mandated reimbursements for obesity counseling, either by the physician or by another licensed health care professional (nurse, NP, certified dietician, etc.) in conjunction with a visit with a physician. Intensive behavioral therapy for obesity consists of the following:

1. Screening for obesity in adults using measurement of BMI calculated by dividing weight in kilograms by the square of height in meters (expressed in kg/m²)
2. Dietary (nutritional) assessment
3. Intensive behavioral counseling and behavioral therapy to promote sustained weight loss through high intensity interventions on diet and exercise.

For Medicare beneficiaries with obesity (BMI \geq 30.0), who are competent and alert at the time that counseling is provided and whose counseling is furnished by a qualified primary care physician or other primary care practitioner (NP/PA) 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 beneficiary meets the 3kg weight loss requirement as discussed below.

At the six month visit, a reassessment of obesity and a determination of the amount of weight loss must be performed. To be eligible for additional face-to-face visits occurring once a month for an additional six months, beneficiaries must have achieved a reduction in weight of at least 3kg over the course of the first six months of intensive therapy. This determination must be documented in the physician office records for applicable beneficiaries consistent with usual practice.

For beneficiaries who do not achieve a weight loss of at least 3kg during the first six months of intensive therapy, a reassessment of their readiness to change and BMI is appropriate after an additional six month period.

Providers can submit up to 12 codes on each patient. You can use the CPT codes in conjunction with your visit. The CPT codes for obesity screening and counseling are:

- 99401 – preventive medicine counseling and/or risk factor intervention/s provided to an individual (separate procedure); approximately 15 minutes
- 99402 – preventive medicine counseling and/or risk factor intervention/s provided to an individual (separate procedure); approximately 30 minutes

The HCPCS code for obesity screening and counseling is:

G0447 – face-to-face behavioral counseling for obesity, 15 minutes – for billing for behavioral counseling for obesity

The 5 A's Behavior Change Model

The USPSTF published a motivational interviewing technique that has proven to be successful in encouraging patients to make healthy lifestyle changes.

1. **Assess:** Ask about/assess behavioral health risk(s) and factors affecting choice of behavior change goals/methods.
2. **Advise:** Give clear, specific, and personalized behavior change advice, including information about personal health harms and benefits. What sort of compromise can you help the patient get to with him/herself, using self-help techniques, handouts, references to websites, apps (myfitnesspal, loseit) shown to be helpful with patients?
3. **Agree:** Collaboratively select appropriate treatment goals and methods based on the patient's interest in and willingness to change the behavior.
4. **Assist:** Using behavior change techniques (self-help and/or counseling), aid the patient in achieving agreed-upon goals by acquiring the skills, confidence, and social/environmental supports for behavior change, supplemented with adjunctive medical treatments when appropriate.

5. Arrange: Schedule follow-up contacts (in person or by telephone) to provide ongoing assistance/support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment.

Group Counseling

There are no official coding or payment rules published by Medicare to guide billing for group visits. However, the AAFP recommends “...under existing CPT codes and Medicare rules, a physician could furnish a medically necessary face-to-face E/M visit (CPT code 99213 or similar code depending on level of complexity) to a patient that is observed by other patients. From a payment perspective, there is no prohibition on group members observing while a physician provides a service to another beneficiary.”

Group visits can be implemented into your practice by establishing a timeline for planning patient visits, such as the one suggested below:

2 Months Before – determine population
1 Month Before – schedule patients, select agenda
1 Week Before – reminder calls, chart review

Day of visit –

Introductions – 15 minutes
Agenda topic – 30 minutes
Examination – 30 minutes (documentation)
Q&A – 15 minutes
Follow up individually – 30 to 60 minutes

Medical Nutrition Therapy

Medical nutrition therapy is delivered by a dietitian and includes nutritional counseling and behavior change interventions. The following CPT codes are used for reimbursement:

97802 - each 15 minutes in an initial individual session
97803 - each 15 minutes in a subsequent individual session
97804 - each 30 minutes in a group session
90951 - 90965 - chronic kidney disease (National Kidney Foundation)

Telephonic Assessment & Management

Telemedicine visits have become more frequent in medical practices and are particularly useful in the setting in which a physician from an urban area consults with a colleague in a rural area. Some nutrition counseling may be billed under these codes when available:

98966 - Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent or guardian; 5-10 minutes of medical discussion
98967 - Telephone assessment (see above), 11-20 minutes of medical discussion
98968 - Telephone assessment (see above), 21-30 minutes of medical discussion

The table on the following page contains some common and useful Z-codes for lifestyle counseling that you can use in your practice to avoid Medicare audits and maximize your reimbursement. Refer to the ICD-10 manual in the “Required Readings” section of this study guide for more codes.

Category	Examples	Notes
Screening Examination	<ul style="list-style-type: none"> • Screening for obesity Z713.18 • Lack of physical exercise Z72.3 • Inappropriate diet and eating habits Z72.4 	<ul style="list-style-type: none"> • The screening code is the first-listed code and any condition discovered during the screening may be listed as an additional diagnosis. • Screening visit codes do not apply when a provider orders a diagnostic test for an individual based on a suspected abnormality, sign, or symptom. For these visits, the sign or symptom is used to report the reason for the test.
Patients Encountering Health Services in Other Circumstances	<ul style="list-style-type: none"> • Persons encountering health care services for other counseling and medical advice not elsewhere classified Z71 • Problems related to lifestyle Z72 • Problems related to life management difficulty Z73 • Burnout Z73.9 • Long-term use of any medication Z79 	
Persons with Potential Health Hazards Related to Family and Personal History and Certain Conditions Influencing Health Status	<ul style="list-style-type: none"> • Family history of alcoholism Z81.1 • Personal history of risk factors not elsewhere classified Z91 • Patient's noncompliance with dietary regimen Z91.11 • Patient's intentional under-dosing of medication regimen for other reason Z91.128 • Dependence on wheelchair Z99.3 	
Routine & Administrative Examination	<ul style="list-style-type: none"> • Encounter for general adult medical examination without abnormal findings Z00.00 • Encounter for general adult medical examination with abnormal findings Z00.01 	<ul style="list-style-type: none"> • Routine and administrative examinations are performed without relationship to treatment or diagnosis of an illness or symptom or at the request of third parties such as employers or schools. • Routine examination codes should be used as first-listed codes only. This category should not be used if the examination is for diagnosing a possible condition or for providing treatment. Instead, a diagnosis, sign, or symptom code is used to report the reason for the visit.
Counseling	<ul style="list-style-type: none"> • Dietary counseling and surveillance Z71.3 • Exercise counseling Z71.89 	
BMI Codes	<ul style="list-style-type: none"> • BMI 19 or less, adult Z68.1 • BMI 20-29, adult Z68.2 • BMI 30-39, adult Z68.3 • BMI 40 or greater, adult Z68.4 	
Pediatric BMI	<ul style="list-style-type: none"> • Less than 5th percentile for age Z68.51 • 5th percentile to less than 85th percentile for age Z68.52 • 85th percentile to less than 95th percentile for age Z68.53 • Greater than or equal to 95th percentile for age Z68.54 	

Note: Since Z-Code Z71.8 has subcategories, it requires additional specificity. It should not be used for reimbursement purposes. You must use Z71.89 to get reimbursed.