# Quick reference for common obesity-related ICD-10 codes

Below you'll find a list of common obesity-related ICD-10 codes. Feel free to print this page for your office and refer to it as needed.

#### **Commonly Reported Codes**

Code Description	Code
Other obesity	E66.8
Obesity, unspecified	E66.9

## Other Obesity-Related Codes

Code Description	Code
Obesity due to excess calories	E66.0
— Morbid (severe) obesity due to excess calories	E66.01
— Other obesity due to excess calories	E66.09
Drug-induced obesity	E66.1
Morbid (severe) obesity with alveolar hypoventilation	E66.2
Overweight	E66.3

# BMI Reporting for Adult BMIs ≥40

Code Description	Code
Body mass index [BMI] 40.0-44.9, adult	Z68.41
Body mass index [BMI] 45.0-49.9, adult	Z68.42
Body mass index [BMI] 50.0-59.9, adult	Z68.43
Body mass index [BMI] 60.0-69.9, adult	Z68.44
Body mass index [BMI] 70 or greater, adult	Z68.45

### Screening Codes

Code Description	Code
Encounter: Screening for diabetes mellitus	Z13.1
Encounter: Screening for nutritional, metabolic, and other endocrine disorders	Z13.2
— Encounter: Screening for nutritional disorder	Z13.21
— Encounter: Screening for metabolic disorder	Z13.22
— Encounter: Screening for lipoid disorders	Z13.220
— Encounter: Screening for other metabolic disorders	Z13.228
— Encounter: Screening for other suspected endocrine disorder	Z13.29

## Counseling Codes

Code Description	Code
Dietary counseling and surveillance	Z71.3
Exercise counseling	Z71.82
Other specified counseling	Z71.89
Counseling, unspecified	Z71.9

We cannot guarantee payment of any claim. Coding, coverage, and reimbursement may vary significantly by payer plan, patient, and setting of care. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims. For additional information, providers should consult with the patient's payer for all relevant coding, reimbursement, and coverage requirements. It is the sole responsibility of the provider to select the proper code and ensure the accuracy of all claims used in seeking reimbursement. All services must be medically appropriate and properly supported in the patient medical record.

**Reference:** Centers for Medicare & Medicaid Services (CMS) International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), effective April 01, 2024.