

# 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.

## Obesity-Related Codes (Updated\*)

Obesity Severity	BMI (kg/m <sup>2</sup> )	Code
Class 1 Obesity	30 to less than 35	E66.811
Class 2 Obesity	35 to less than 40	E66.812
Class 3 Obesity	40 or greater	E66.813

\*To increase accuracy and available treatment options for adults with obesity, use the new E-codes (E66.811, E66.812, and E66.813) together with the existing Z-codes.

## Other Obesity-Related Codes

Obesity Classification	Code
Other obesity not elsewhere classified	E66.89
Drug-induced obesity	E66.1
Morbid (severe) obesity with alveolar hypoventilation	E66.2
Overweight	E66.3
Other obesity	E66.8

## Counseling Codes

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

Adult BMI Z-Codes	Adult BMI
Z68.25-29.9	BMI 25 – 29.9
Z68.30 – Z68.39	BMI 30.0 – 39.9
Z68.4	BMI 40 or greater
Z68.41	BMI 40.0 – 44.9
Z68.42	BMI 45.0 – 49.9
Z68.43	BMI 50 – 59.9
Z68.44	BMI 60.0 – 69.9
Z68.45	BMI 70 or greater

## 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 lipid disorders	Z13.220
— Encounter: Screening for other metabolic disorders	Z13.228
— Encounter: Screening for other suspected endocrine disorder	Z13.29

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), FY 2025, effective October 1, 2024.

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