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
Obesity, general (not otherwise specified)	E66.9
Obesity, extreme or morbid	E66.01

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 obesity with alveolar hypoventilation	E66.2
Overweight	E66.3
Other obesity	E66.8

BMI Reporting for BMIs ≥40

Code Description	Code
Morbid adult obesity with BMI 40.0–44.9	Z68.41
Morbid adult obesity with BMI 45.0–49.9	Z68.42
Morbid adult obesity with BMI 50.0–59.9	Z68.43
Morbid adult obesity with BMI 60.0–69.9	Z68.44
Morbid adult obesity with BMI ≥70	Z68.45

Screening Codes

Code Description	Code
Encounter: Screening for diabetes mellitus	Z13.1
Encounter: Screening for nutritional, metabolic, and other endocrine disorders (general)	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 (includes thyroid screening)	Z13.29

Counseling Codes

Code Description	Code
Dietary counseling and surveillance	Z71.3
Other specified counseling (including exercise counseling)	Z71.89

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.

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