

Billing for Diabetes Distress



Quick Reference for Healthcare Professionals

Why This Matters

Diabetes distress affects self-management, glycemic outcomes, and quality of life. Although there is no specific “diabetes distress” billing code, you can appropriately bill for assessing and addressing it during medical visits using existing CPT and ICD-10 codes.

Office Visit (E/M) Codes

Established: 99212–99215

New: 99202–99205

Select based on medical decision making (MDM) or total time on date of service. Counseling related to diabetes distress counts when it impacts treatment decisions.

Health Behavior Assessment & Intervention (HBAI)

Assessment: 96156

Individual Intervention: 96158 (first 30 min)
96159 (each +15 min)

Group: 96164 / 96165

Family + patient: 96167 / 96168

ICD-10 Diagnosis Codes (Support Medical Necessity)

Primary (Required): E10.x E11.x E13.x

Secondary (Context): Z63.x Z64.x Z65.x

If comorbid depression/anxiety: F32.x F41.x

Z codes alone do NOT establish medical necessity.

Documentation Tips

- Clearly link diabetes distress to diabetes management.
- Document impact on treatment adherence or outcomes.
- Specify time spent (if billing time-based).
- Avoid labeling diabetes distress as a psychiatric disorder unless criteria are met.
- Describe intervention provided (problem-solving, coping strategies, motivational interviewing, etc.)

Example Billing Scenario

Patient: Type 2 diabetes with high diabetes distress affecting medication adherence.

Visit: assessment of distress, problem-solving counseling, and adjustment of treatment plan.

Coding: CPT: 99214 ICD-10: E11.9 + Z65.9



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