

Overweight, obesity and morbid obesity

Documentation of body mass index (BMI) is a reportable healthcare quality measure. For the general population, an increased BMI correlates well with excess body fat. CMS will cover up to 22 preventive services and counseling for obesity visits per year; G0447 (Face-to-Face Behavioral Counseling for Obesity, 15 minutes) if the patient meets all requirements.*

Documentation Guidance: Patient name and date of service is required on every page; additional patient identifier (for example, date of birth) is recommended.^{1,2}

CMS covers claims for multiple face-to-face visits for Medicare beneficiaries who are obese, as defined by a BMI equal to or greater than 30 kg/m²; who are competent and alert at the time of encounter; and whose counseling is furnished by a qualified primary care physician or other primary care provider in a primary setting. The maximum number of visits should conform to the following schedule:

- 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 6.6 lbs (3 kg) weight loss requirement during the first 6 months.³

History

- Review any and all health changes that can be caused by the patient's increased weight
- Review activity level
- Dietary and nutritional assessment
- Personal medical history, especially those conditions that are associated with obesity (cardiovascular disease, type 2 diabetes, hypertension, gastroesophageal reflux, restrictive lung disease, sleep apnea, etc.)
- Family medical history of diabetes, cardiovascular disease, etc.

Medication review

Exam

- Screening for obesity in adults, using the measurement of BMI and expressed as kg/m²
- Identify any physical findings consistent with comorbidities of obesity

All intensive behavioral therapies should be consistent with the 5 "A"s

- **Assess:** Ask about/assess behavioral risks and factors affecting choice of behavior change goals/methods
- **Advise:** Give clear, specific, and personalized behavior change advice, including information about personal health harms and benefits
- **Agree:** Collaboratively select appropriate treatment goals and methods based on patient's interest in and willingness to change behavior
- **Assist:** Using behavior change techniques (self-help and counseling), aid the patient in achieving agreed-upon goals by acquiring skills, confidence, and social/environmental supports for behavior change, supplemented with adjunctive treatments when appropriate
- **Arrange:** Schedule follow-up contacts (in person or by telephone) to provide ongoing assistance/support and to adjust treatment plan as needed, including referral to more intensive or specialized treatment

Sample note for intensive behavioral therapy for obesity (HCPCS code G0447)

Patient: Name **DOS:** 10/03/2017 **DOB:** 12/05/45

Reason for visit: Face-to-face visit for obesity counseling.

S: Patient complains of low energy, chronic pains, lack of self-esteem, and heartburn

O: Patient alert, oriented to person, place and time. No acute distress.

Vital signs: T 98.2; BP 163/92; HR 63; Wt 239 lbs; Ht 64"; BMI 41

Cardiac: RRR no rubs, gallops or murmurs noted.

Lungs: Clear to auscultation.

Abd: Distended secondary to obesity, soft non-tender to palpation and bowel sounds present.

Feet: Peripheral pulses barely palpable, secondary to obesity.

Laboratory values: Fasting blood sugar 120 mg/dl; Total cholesterol 200 mg/dl with LDL of 170 mg/dl; Triglyceride 175 mg/dl

A: Patient with evidence of multiple complications secondary to severe obesity (**E66.01**), including:

1. Dysmetabolic syndrome X (E88.81) with hypertension (I10), insulin resistance (E88.81) and dyslipidemia (E78.5)
2. Osteoarthritis of the hips and knees (M16.0 & M17.0)
3. Type 2 diabetes with hyperglycemia (**E11.65**)
4. BMI of 41 (**Z68.41**)
5. Mild gastroesophageal reflux disease (K21.9)

The BMI dx code must be submitted in position 1, 2, 3, or 4 on the claim form for this service.

P: 1. Patient's changing health status was discussed in detail.

2. At this time, she is amenable to begin an intensive weight loss program. She was commended on her desire to improve her health status and was given advice on diet and snacking. She understands to fill half her plate with fresh fruit and/or vegetables and also change to lean protein sources. She will snack on fresh fruit and nuts when hungry and increase her water intake to an additional liter per day. In addition, I assured her that there were several other options to support her weight loss goals.

3. Exercise counseling: Patient's family has a gym membership and she plans to exercise or walk at least 30 minutes per day.

4. Referral generated for diabetes education.

Patient will return to clinic in 1 week to review her health maintenance and BMI.

Authenticated by: Joseph A. Williams MD, 10/03/17

Facts about protein-calorie malnutrition and obesity

Body mass index (BMI) is a reportable HEDIS® and Five-Star Quality health care measurement. For the general population, as shown in the following table, BMI can provide sound clinical information on a person's nutritional status. In order to determine that patients are at a healthy weight, the provider should record their height and weight, calculate the BMI, and document the BMI in the chart at least once or twice a year.⁴

Classification	BMI Principal cut-off points
Underweight	<18.50
Severe malnutrition	<16.00
Moderate malnutrition	16.00–16.99
Mild malnutrition	17.00–18.49
Normal range	18.50–24.99
Overweight	>25.00
Pre-obese	25.00–29.99
Obese	>30.00
Obese class I	30.00–34.99
Obese class II	35.00–39.99
Obese class III (Morbid obesity)	>40.00

With regard to the table above, the WHO Expert Consultation concluded that the proportion of Asian people with a high risk of type 2 diabetes and cardiovascular disease is substantial at BMI's lower than the existing WHO cut-off point for overweight (25 kg/m²). However, the cut-off point for observed risk varies from 22 kg/m² to 25 kg/m² in different Asian populations and for high risk, it varies from 26 kg/m² to 31 kg/m². The Consultation, therefore, recommended that the current WHO BMI cut-off points (as shown in the table) should be retained as the international classification.⁵

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2018: "A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required." The bolding of ICD-10-CM codes represents categories, subcategories or codes that map to the 2017 CMS-HCC risk adjustment model for Payment Year 2018.

Codes marked with a + directly after them represent new additions to the FY 2018 ICD-10-CM code classification; however, these are not bolded and will not follow bolding conventions as explained until official notice is available.

*Please check with your health plan regarding contract specifics as coverage may vary.

Optum360 ICD-10-CM: Professional for Physicians 2018. Salt Lake City: 2017.

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3. CMS Manual System: Pub 100-03 Medicare National Coverage Determinations (Transmittal 142). CMS.gov Centers for Medicare & Medicaid Services. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R142NCD.pdf>. Published February 3, 2012. Accessed October 17, 2017.

4. NCQA. 2018 Quality Rating System Measure Technical Specifications. Health Insurance Exchange. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/Revised_QRS-2018-Measure-Tech-Specs_20170929_508.pdf. Published September 2017. Accessed October 20, 2017.

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ICD-10-CM codes	Code description
E66.01	Morbid (severe) obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.1	Drug-induced obesity. <i>Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)</i>
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E66.3	Overweight
E66.8	Other obesity
E66.9	Obesity, unspecified

BMI (adult 21 years of age or older)^{6,7}

- Z68.1 BMI 19 or less, adult
- Z68.20–Z68.24 BMI 20.0 –24.9 Normal
- Z68.25–Z68.29 BMI 25.0–29.9 Overweight
- Z68.30–Z68.39 BMI 30.0–39.9 Obesity

*Note: Report a code from Z68.35–Z68.39 with **E66.01**, Morbid (severe) obesity due to excess calories, if BMI ≥ 35–39.9 with a related comorbidity (for example, DM, HTN, COPD, etc.) with supportive documentation of the comorbid conditions.⁸*

- **Z68.41** Body mass index (BMI) 40.0–44.9, adult
- **Z68.42** Body mass index (BMI) 45.0–49.9, adult
- **Z68.43** Body mass index (BMI) 50–59.9, adult
- **Z68.44** Body mass index (BMI) 60.0–69.9, adult
- **Z68.45** Body mass index (BMI) 70 or greater, adult



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This guidance is to be used for easy reference; however, the ICD-10-CM code book and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 3, 2017, the Centers for Medicare & Medicaid Services (CMS) announced that 2017 dates of service for the 2018 payment year model is based on 100% of the 2017 CMS-HCC model mappings released April 4, 2016, which include additional code updates in the 2017 Midyear Final ICD-10 Mappings released December 30, 2016. See: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2018.pdf>, <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors-Items/Risk2017.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>

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