More than one-third of older adults aged 65 and over were obese in 2007–2010.¹

Focusing on Obesity

Obesity

Based on recommendations by the U.S. Preventive Services Task Force (USPSTF), CMS will cover preventive services and counseling for obesity, under a new HCPCS code, G0447 (Face-to-Face Behavioral Counseling for Obesity, 15 minutes).²

Facts about Protein-Calorie Malnutrition & Obesity

Body Mass Index (BMI) is a reportable HEDIS/Star healthcare quality 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.³

<table>
<thead>
<tr>
<th>Classification</th>
<th>BMI Principal Cut-off Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.50</td>
</tr>
<tr>
<td>Severe Malnutrition</td>
<td>&lt;16.00</td>
</tr>
<tr>
<td>Moderate Malnutrition</td>
<td>16.00–16.99</td>
</tr>
<tr>
<td>Mild Malnutrition</td>
<td>17.00–18.49</td>
</tr>
<tr>
<td>Normal Range</td>
<td>18.50–24.99</td>
</tr>
<tr>
<td>Overweight</td>
<td>&gt;25.00</td>
</tr>
<tr>
<td>Pre-Obese</td>
<td>25.00–29.99</td>
</tr>
<tr>
<td>Obese</td>
<td>&gt;30.00</td>
</tr>
<tr>
<td>Obese Class I</td>
<td>30.00–34.99</td>
</tr>
<tr>
<td>Obese Class II</td>
<td>35.00–39.99</td>
</tr>
<tr>
<td>Obese Class III</td>
<td>&gt;40.00</td>
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</tbody>
</table>

BMI (adult over 20 years old)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V85.0</td>
<td>below 19</td>
</tr>
<tr>
<td>V85.1</td>
<td>19.0 – 24.9 Normal</td>
</tr>
<tr>
<td>V85.2</td>
<td>25.0 – 29.9 Overweight</td>
</tr>
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<tr>
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<td>40 or greater Morbid Obesity</td>
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</tbody>
</table>

ICD-9-CM⁵

- 278.00 Obesity, unspecified
- 278.01 Morbid Obesity (BMI 40 or greater)
- 278.02 Overweight (BMI 25–29.9)
- 278.03 Obesity hypoventilation syndrome (OHS, Pickwickian syndrome)

ICD-10-CM⁶

- E66.01 Morbid (severe) obesity due to excess calories
- E66.09 Other obesity due to excess calories
- E66.1 Drug-induced obesity
- E66.2 Morbid (severe) obesity with alveolar hypoventilation Pickwickian syndrome
- E66.3 Overweight
- E66.8 Other obesity
- E66.9 Obesity, unspecified

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Documentation Tips⁴⁵

The ICD-9-CM separates obesity and malnutrition into several specific code categories based on degree or severity. Clinical documentation should include:

- Weight loss or gain  
- Degree or severity
- Physical examination signs  
- Treatment plan
- BMI  
- Underlying medical conditions
- Laboratory values (total protein, albumin, pre-albumin)

While BMI may be coded by the medical assistant or other medical professional, the diagnosis must be coded based upon the provider’s documentation.⁵

- continued on other side -
According to the CDC, more than half of Americans live with a chronic disease, many of which are related to obesity, poor nutrition and/or physical inactivity, and a majority of these diseases could be prevented.7

- Two-thirds of the adult population, or 190 million people, in the United States are overweight or obese
- America spends more than $150 billion annually on health care linked to obesity
- Overweight and obesity are the fifth leading risk factor for global deaths
- The CDC estimates obesity kills more than 110,000 Americans a year

What are the health consequences of overweight and obesity for adults?

- Elevated BMI is a major risk factor for diseases such as:
  - Hypertension
  - Gallbladder disease
  - Osteoarthritis
  - Dyslipidemia (high LDL cholesterol, low HDL cholesterol or high triglycerides)
  - Sleep apnea and respiratory problems
  - Some cancers (endometrial, breast and colon)

Obesity Prevention

Worldwide obesity has more than doubled since 1980. Overweight and obesity are the fifth leading risk for global deaths and are linked to more deaths worldwide than underweight. Globally, there has been an increased intake of foods that are high in fat, salt and sugars but low in vitamins, minerals and other micronutrients and decreased physical activity. It is not uncommon to find undernutrition and obesity existing side by side.

Supportive environments and communities are fundamental in shaping people’s choices to:

- Limit caloric intake from total fats
- Increase consumption of fruit and vegetables, legumes, whole grains and nuts
- Limit the intake of sugars (and highly processed carbohydrates)
- Engage in regular physical activity

Due to the updated, clinically revised CMS-HCC Medicare risk adjustment model for Payment Year 2015, the coding of ICD-9-CM codes has been revised to reflect:

• Orange: Risk adjusts in only the 2014 CMS-HCC model

Note: The 2015 Payment Year model is a blend of the 2013 CMS-HCC model (67%) and the 2014 CMS-HCC model (33%).

From the ICD-10-CM Official Guidelines for Coding and Reporting 2014 by the Centers for Medicare & Medicaid Services (CMS) and the National Center for Health Statistics (NCHS): “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.”


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

This guidance is to be used for easy reference; however, the ICD-9-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.


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