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Coding Spotlight — Obesity

Obesity is a serious issue in the United States. The obesity rate is rising. Obesity has significant health consequences, contributing to increased incidence of several diseases, including metabolic syndrome, high blood pressure, diabetes, heart disease, high blood cholesterol, sleep disorders and cancers.¹

Facts:

- According to the 14th annual *State of Obesity: Better Policies for a Healthier America* report from the Trust for America's Health and the Robert Wood Johnson Foundation, in 2017, adult obesity rates exceeded 35% in five states, 30% in 25 states and 25% in 46 states. As of 2000, no state had an obesity rate above 25%.²
- Obesity rates are around 30% higher among adults without a college education and with incomes below \$15,000 compared with other adults.²
- The prevalence of obesity has remained at about 17% and affects about 12.7 million children and adolescents.³

Body mass index (BMI) — adults:

- The equation to calculate BMI is body weight in kilograms/height in meters squared.
- Overweight BMI is between 25 and 29.9 kg/m².
- Morbid (severe) obesity BMI is 40 or more $kg/m^{2.4}$
- The CDC's Adult BMI Calculator can be found at https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/ english_bmi_calculator/bmi_calculator.html.

BMI — pediatric:

- Pediatric BMI is used for individuals aged 2 to 20 years, and it is based on percentile that allows one to categorize a child BMI based on an age group:
 - Underweight is a BMI less than the fifth percentile.
 - Normal weight is a BMI from the fifth percentile to below the 85th percentile.
 - Overweight is a BMI above the 85th percentile to below the 95th percentile.
 - Obese is a BMI greater than or equal to the 95th percentile.⁴
- The CDC's BMI Percentile Calculator for Child and Teen can be found at https://nccd.cdc.gov/dnpabmi/Calculator.aspx.

Risk factors:

- Sedentary lifestyle
- High amounts of stress
- Less than seven hours of sleep
- Family history and genetics
- More common in African American and Hispanic populations in the United States
- Low socioeconomic status or unsafe environment in the neighborhood¹
- Food insecurity and low access to healthy food options

Treatment:

Treatment for individuals who are overweight or obese depends on the condition's cause and the severity of the condition. Possible treatments include lifestyle changes, behavioral weight-loss treatment programs, medicines and weight-loss surgery:¹

- Healthy eating:
 - o Low-calorie meals
 - o Consuming vegetables, fruits, whole grains, nuts, etc.
 - Eliminating high-sugar content beverages
 - Eating small meals about 5 to 6 times daily
- Physical activity:
 - o 60 minutes of physical activity daily for children ages 6 to 17
 - \circ 30 minutes of physical activity daily for adults ages 18 to 64 (gym membership)⁵
- Weight-loss surgery:
 - Patients with certain obesity-related complications and failure of other weightloss methods may be eligible for surgery, such as gastric bypass surgery, gastrectomy and gastric banding
- Weight-loss medications in addition to lifestyle changes¹

HEDIS® quality measures for BMI

Adult BMI Assessment (ABA) is a measure that focuses on individuals ages 18 to 74 years old who had an outpatient visit with documented weight and BMI value during the current year or prior year.

Documentation should reflect all of the following:

- The outpatient visit date
- The weight and BMI value for patients ages 20 to 74 years old
- Height, weight, BMI percentile documented as a value and BMI percentile plotted on an age-growth BMI chart for patients younger than 20⁶

Tips for providers:

- Discuss with all members why ideal weight, nutrition and exercise is important.
- Document all discussions about BMI, including documentation about any patient nutritional counseling sessions.
- Discuss BMI assessment during annual well visits.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and

Adolescents (WCC) is a measure that focuses on patients ages 3 to 17 years old who had one or more outpatient visits with a PCP or OB/GYN during the measurement year and documented evidence of weight assessment, physical activity and nutritional counseling.

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This measure focuses on reporting the following rates:

- Height, weight and BMI percentile (not BMI value)
- Counseling for nutrition
- Counseling for physical activity with recommendations and not solely topics on sports or safety⁶

Documentation should reflect the following:

- Measures for height and weight and documentation of the BMI percentile at least annually
- Incorporate appropriate nutritional and weight management questioning and counseling into the routine of the clinical practice
- Document any advice that was given to the patient
- Document face-to-face discussion about current nutritional behavior, any counseling or referral to nutrition education, any nutritional educational materials that were provided, anticipatory guidance for nutrition, eating disorders, nutritional deficiencies, underweight, and obesity or overweight discussion
- Document face-to-face discussion about current physical activity behaviors, referral to physical activity, educational materials that were provided, anticipatory guidance on physical activity, and obesity or overweight discussion⁶

ICD-10-CM: general coding and documentation:

- Obesity codes are located in Chapter 4, (E00-E89) Endocrine, Nutritional and Metabolic Diseases.
- The ICD-10-CM coding guidelines note that BMI code assignment may be based on medical record documentation from clinicians who are not the patient's provider (for example, dietitian or nurse often document the BMI).⁷
- Documentation to support any clinical conditions, including morbid obesity, obesity and overweight should be supplied by the provider.
- BMI needs to be measured annually.
- Any associated conditions related to an abnormal BMI should be documented.
- Plan and follow-up should be documented.

Commonly reported obesity codes:

- E66.01 morbid (severe) obesity due to excess calories
- E66.09 other obesity due to excess calories
- E66.1 drug-induced obesity; requires an additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)
- $E66.2^*$ morbid (severe) obesity with alveolar hypoventilation
- E66.3 overweight
- E66.8 other obesity
- E66.9 obesity, unspecified⁷

* Code E66.2 — morbid (severe) obesity with alveolar hypoventilation, also known as Pickwickian syndrome, involves sleep-disordered breathing that causes a person to stop breathing for short periods of time while sleeping. It may be related to both obesity and neurological conditions.⁸

If the BMI is known, category E66 — overweight and obesity **requires** the assignment of an additional code (Z68.-):

- BMI codes are located in Chapter 21, Factors Influencing Health Status and Contact with Health Services (Z00-99) of ICD-10-CM.
- Adult BMI codes range from Z68.1 to Z68.45.
- The pediatric BMI code is Z68.5. (An individual character is required to identify the percentile for the patient's age.)
- Screening for obesity: obesity screening can be reported with Z13.89 (encounter for screening for other disorder).⁷

References

- 1 Overweight and Obesity. Retrieved from https://www.nhlbi.nih.gov/ health-topics/overweight-and-obesity
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- 4 Calculate Body Mass Index. Retrieved from https://www.nhlbi.nih.gov/health/educational/wecan/healthy-weight-basics/ body-mass-index.htm.
- 5 Department of Health and Human Services. (2008). Physical Activity Guidelines for Americans.
- 6 HEDIS Benchmarks and Coding Guidelines for Quality Care. UniCare Health Plan of West Virginia, Inc. Retrieved from www.unicare.com.
- 7 ICD-10-CM Expert for Physicians: the complete official code set. (2017). Optum 360, LLC.
- 8 Leon-Chisen N. (2017). ICD-10-CM and ICD-10-PCS Coding Handbook 2018. Chicago, IL: American Hospital Association.