# Obesity, BMI and Protein-Calorie Malnutrition

Documentation and Coding for Risk Adjustment Purposes

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# *What is Obesity?*

A life-long, progressive, life-threatening, costly, genetically related, multi-factorial disease of excess fat storage with multiple co-morbidities

# *What is Malnutrition?*

Any disorder of nutrition status including disorders resulting from a deficiency of nutrient intake, impaired nutrient metabolism or over nutrition

# Therefore…

What?!

A patient who is obese or morbidly obese can also be malnourished

| Obesity | Malnutrition |
| --- | --- |
| A life-long, progressive, life-threatening, costly, genetically related, multi-factorial disease of excess fat storage with multiple co-morbidities | Any disorder of nutrition status including disorders resulting from a deficiency of nutrient intake, impaired nutrient metabolism or over nutrition |

# What are the consequences of obesity?

## Health Consequences

- Coronary heart disease
- Type 2 diabetes
- Cancers (endometrial, breast, and colon)
- Hypertension
- Dyslipidemia
- Osteoarthritis
- Gynecological problems (abnormal menses, infertility)
- Stroke
- Liver and Gallbladder disease
- Sleep apnea and respiratory problems

# What happens?

## Type 2 diabetes-

People who are obese become resistant to insulin, which regulates blood sugar levels. They can end up with high blood sugar, which causes Type 2 diabetes.

## Depression:

Obese people must deal with constant, depressing emotional challenges: failed diets, disapproval from family and friends, remarks from strangers. They often experience discrimination and cannot fit comfortably in public places.

## High blood pressure/heart disease-

The heart doesn't work right when the body is carrying around excess weight. The obese person usually gets hypertension which can lead to strokes and damage the heart and kidneys.

## Sleep apnea/respiratory problems:

Fat deposits in the tongue and neck can block air passages, especially in patients who sleep on their backs. This causes them to lose sleep and results in daytime drowsiness and headaches.

## Reflux disease (hiatal hernia/heartburn)

Excess weight weakens and overloads the valve at the top of the stomach, which then allows stomach acid to escape into the esophagus.

# What are other consequences of obesity?

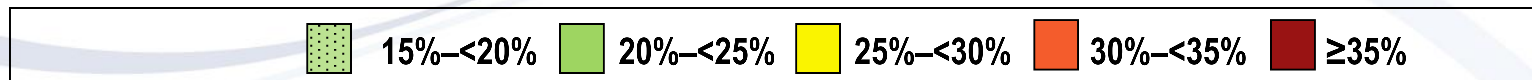
## Economic Consequences

Obesity and its associated health problems have a significant direct and indirect economic impact on the U.S. health care system.

- Direct medical costs may include preventive, diagnostic, and treatment services related to obesity.
- Indirect costs relate to morbidity and mortality costs. Morbidity costs are defined as the value of income lost from decreased productivity, restricted activity, absenteeism, and bed days. Mortality costs are the value of future income lost by premature death.

# **Prevalence*** of Self-Reported Obesity Among U.S. Adults by State and Territory, **BRFSS, 2013**

*Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.

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# Prevalence* of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2013

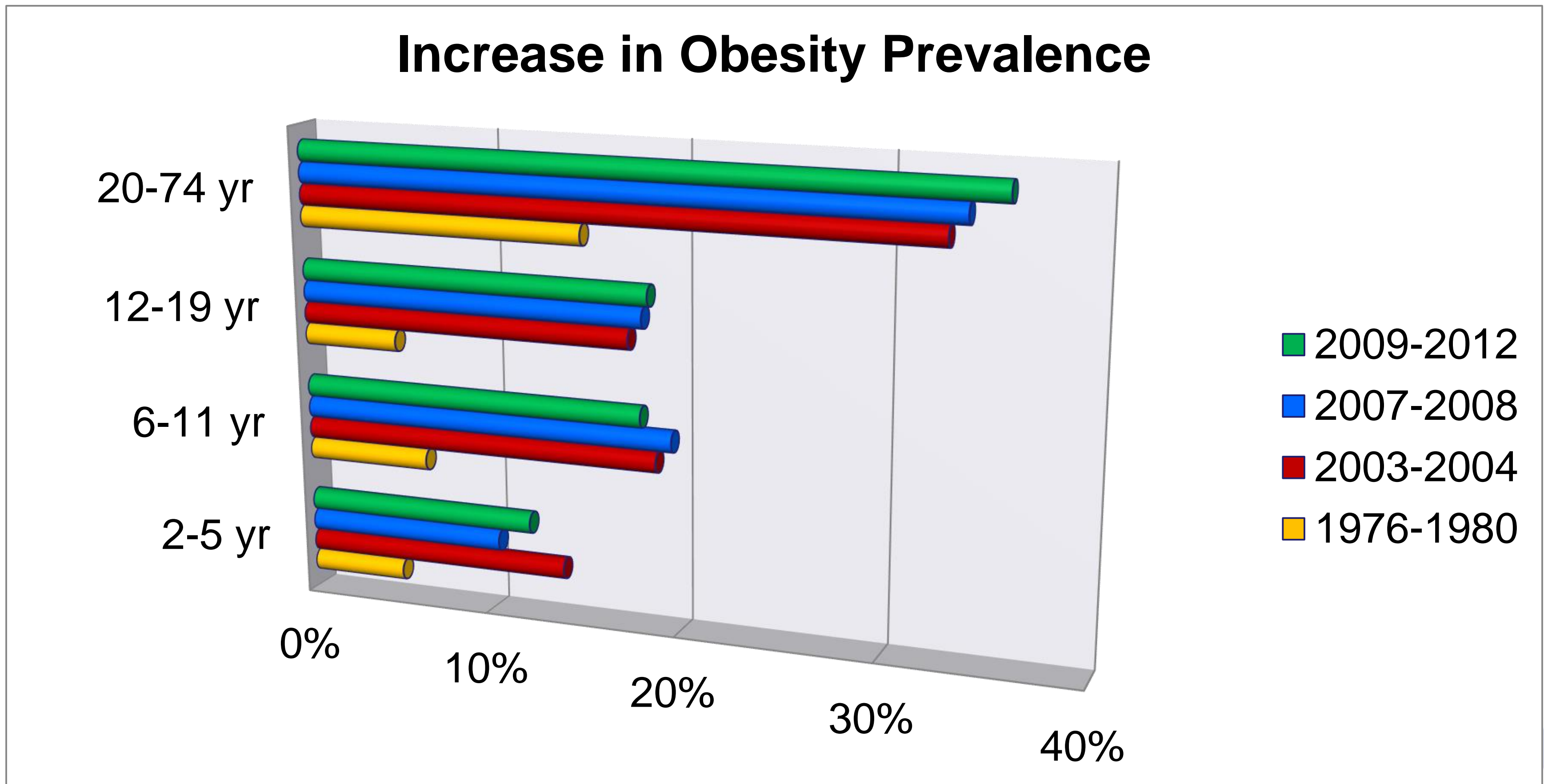
| State | Prevalence | Confidence Interval |
|---|---|---|
| Alabama | 32.4 | (30.8, 34.1) |
| Alaska | 28.4 | (26.5, 30.4) |
| Arizona | 26.8 | (24.3, 29.4) |
| Arkansas | 34.6 | (32.7, 36.6) |
| California | 24.1 | (23.0, 25.3) |
| Colorado | 21.3 | (20.4, 22.2) |
| Connecticut | 25.0 | (23.5, 26.4) |
| Delaware | 31.1 | (29.3, 32.8) |
| District of Columbia | 22.9 | (21.0, 24.8) |
| Florida | 26.4 | (25.3, 27.4) |
| Georgia | 30.3 | (28.9, 31.8) |
| Guam | 27.0 | (24.4, 29.8) |
| Hawaii | 21.8 | (20.4, 23.2) |
| Idaho | 29.6 | (27.8, 31.4) |
| Illinois | 29.4 | (27.7, 31.2) |
| Indiana | 31.8 | (30.6, 33.1) |
| Iowa | 31.3 | (29.9, 32.7) |
| Kansas | 30.0 | (29.2, 30.7) |
| Kentucky | 33.2 | (31.8, 34.6) |
| Louisiana | 33.1 | (31.1, 35.2) |
| Maine | 28.9 | (27.5, 30.2) |
| Maryland | 28.3 | (27.0, 29.5) |
| Massachusetts | 23.6 | (22.5, 24.8) |
| Michigan | 31.5 | (30.4, 32.6) |
| Minnesota | 25.5 | (24.1, 26.8) |
| Mississippi | 35.1 | (33.5, 36.8) |

| State | Prevalence | Confidence Interval |
|---|---|---|
| Missouri | 30.4 | (28.8, 32.1) |
| Montana | 24.6 | (23.4, 25.8) |
| Nebraska | 29.6 | (28.4, 30.7) |
| Nevada | 26.2 | (24.0, 28.6) |
| New Hampshire | 26.7 | (25.3, 28.3) |
| New Jersey | 26.3 | (25.1, 27.5) |
| New Mexico | 26.4 | (25.1, 27.7) |
| New York | 25.4 | (24.2, 26.6) |
| North Carolina | 29.4 | (28.1, 30.7) |
| North Dakota | 31.0 | (29.5, 32.5) |
| Ohio | 30.4 | (29.2, 31.6) |
| Oklahoma | 32.5 | (31.2, 33.9) |
| Oregon | 26.5 | (24.9, 28.1) |
| Pennsylvania | 30.0 | (28.9, 31.2) |
| Puerto Rico | 27.9 | (26.4, 29.5) |
| Rhode Island | 27.3 | (25.8, 28.8) |
| South Carolina | 31.7 | (30.5, 33.1) |
| South Dakota | 29.9 | (28.0, 31.8) |
| Tennessee | 33.7 | (31.9, 35.5) |
| Texas | 30.9 | (29.5, 32.3) |
| Utah | 24.1 | (23.2, 25.1) |
| Vermont | 24.7 | (23.4, 26.1) |
| Virginia | 27.2 | (25.9, 28.5) |
| Washington | 27.2 | (26.0, 28.3) |
| West Virginia | 35.1 | (33.6, 36.6) |
| Wisconsin | 29.8 | (28.0, 31.6) |
| Wyoming | 27.8 | (26.2, 29.5) |

*Source:* Behavioral Risk Factor Surveillance System, CDC.

*Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.

# Changes in Prevalence of Obesity According to NHANES




NHANES= National Health and Nutrition Examination Surveys

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# Documentation Best Practices

# From ICD-10-CM Official Guidelines: Documentation for BMI

**For the Body Mass Index (BMI), code assignment may be based on medical record documentation from clinicians who are not the patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis), since this information is typically documented by other clinicians involved in the care of the patient (e.g., a dietitian often documents the BMI) However, the associated diagnosis (such as overweight or obesity) must be documented by the provider.**

**If there is conflicting medical record documentation, either from the same clinician or different clinicians, the patient's attending provider should be queried for clarification.**

**BMI should only be reported as secondary diagnoses. As with all other secondary diagnosis codes, the BMI should only be assigned when it meet the definition of a reportable additional diagnosis (see Section III, Reporting Additional Diagnoses).**

Official ICD-10-CM Guidelines for Coding and Reporting- FY 2016 ICD-10-CM International Classification of Diseases

# ICD-10-CM Official Guidelines:

## 14. Documentation for BMI, Non-pressure ulcers and Pressure Ulcer Stages

For the Body Mass Index (BMI), depth of non-pressure chronic ulcers and pressure ulcer stage codes, code assignment may be based on medical record documentation from clinicians who are not the patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis), since this information is typically documented by other clinicians involved in the care of the patient (e.g., a dietitian often documents the BMI and nurses often documents the pressure ulcer stages). However, the associated diagnosis (such as overweight, obesity, or pressure ulcer) must be documented by the patient's provider. If there is conflicting medical record documentation, either from the same clinician or different clinicians, the patient's attending provider should be queried for clarification.

ICD-10-CM Official Guidelines for Coding and Reporting
**FY 2016**

# ICD-10-CM Guidelines- Breakdown- Obesity & BMI

- ICD-10 Official Coding Guidelines indicate that someone who cannot make a diagnosis, such as a dietitian, may document the BMI.
- The guidelines state that the physician *must* document the related diagnosis, such as overweight, obesity or morbidly obese, in order to report the BMI.
- BMI should only be reported as secondary diagnoses

Breakdown- While BMI may be coded by the medical assistant or other medical professional, the diagnosis must be coded based upon the provider's documentation. It's not appropriate for a coder to calculate the BMI from the documented height and weight.

# Tips

ICD-10-CM separates obesity and malnutrition into several specific code categories based on degree or severity gain. Clinical documentation should include

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

# Malnutrition

Clinical evidence that supports the diagnosis of malnutrition includes signs and symptoms, findings, and treatments.

Evidence also includes the following:

- Body mass index (BMI)
- Eating disorders
- Dietary intake or challenges
- Physical findings (wasting of muscle, debility)
- Test results (albumin, pre-albumin)
- Digestive difficulties
- Absorption problems
- Weight changes (pounds or percent gained and over what time)
- Supplements (oral, tube feedings, total parenteral nutrition [TPN])

# CDI Tip Sheets

| **Obesity *and* Malnutrition** | • Always include a diagnosis of obesity or morbid obesity, overweight. Morbid Obesity is considered a co-morbid condition and carries a higher SOI and ROM- additional resources provided (B/P cuffs, beds, ambulation and repositioning assistance, etc.)<br>• BMI >40 carries higher ROM and SOI<br>• BMI <19 carries higher ROM and SOI<br>• Document cachectic, underweight, muscle wasting, changes to hair/skin/nails, decubitus ulcers (stage), delayed wound healing, etc.<br>• Documentation of failure to thrive does NOT always carry a higher SOI or ROM.<br>• Consider malnutrition for end-stage cardiomyopathy/COPD, prolonged NPO status, lengthy hospitalization, etc. Utilize Cerner alert from Nutritional Consult/Assessment documentation to add diagnosis.<br>• Obese/Morbidly obese may also be malnourished<br>• Specify nutritional deficiencies to the highest degree possible (e.g. "severe protein-calorie malnutrition with Wernicke's encephalopathy).<br>• It is not necessary for the provider to document the actual BMI. It can be coded from the Nursing documentation however, the provider must document the link (morbid obesity, underweight, etc.). |
|---|---|

# 2016 ACO and STARS Quality Measures

| ADULT WEIGHT SCREENING AND FOLLOW UP | (ACO#16) (STARS#C08) |
| --- | --- |

***Age 18 years and older***

- Documentation – Calculated BMI. Follow-up interventions must be related to the BMI outside of normal parameters (e.g., "patient referred to nutrition counseling for BMI above normal parameters") Outside normal parameters includes both above and below normal parameters

- Acceptable exclusion – medical and/or patient reason(s) (must be documented)

**Normal Parameters:**

*Age 65 years and older* BMI ≥ 23 and < 30

*Age 18 – 64 years* BMI ≥ 18.5 and < 25

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# ACO and STARS Quality Measures- Coding

***ICD 9, HCPCS, CPT/CPTII codes to use:***

**Z68.- to Z68.45**

| Description | Code |
|---|---|
| BMI codes for **STARS** use (BMI <19 through BMI 70 and over) | **Z68.- to Z68.45** |
| BMI above upper parameter plan initiated | **G8417** |
| BMI below lower parameter, plan documented in chart | **G8418** |
| BMI within normal parameters | **G8420** |
| BMI not documented, documentation patient is not eligible for BMI calculation (pt in wheelchair or pt refuses weight) | **G8422** |

G8417 or G8418 or G8420 or G8422

# Coding Morbid Obesity & BMI

# Chart Examples

# Patient Chart Example 1

| Time | BP mm/Hg | Pulse/min | Resp/min | Temp F | Ht Ft | Ht In | Wt lb | BMI kg/m2 | BSA m2 | POx Rest | Pain |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1:08 PM | 114/74 | 82 | 16 | 98.8 | 0 | 62.00 | 240.00 | 43.89 | | | |

**Measured By**
Time
1:08 PM

**Physical Exam**
**Constitutional:**
Well developed.
**Eyes:**
Right
No injection.
Left
No injection.
**Ears:**
Right
Hearing grossly intact.
Left
Hearing grossly intact.
**Nose / Mouth / Throat:**
External Nose: is unremarkable
Lips/Teeth/Gums: Normal teeth and gums
Tonsils: No tonsillar hypertrophy or exudates
Oropharynx: No pharyngeal erythema or exudates or mucosal lesion

**Neck / Thyroid:**
Inspection reveals symmetry. Palpation reveals trachea midline and mobile.

**Lymphatic:** No cervical or supraclavicular adenopathy.
**Respiratory:**
Chest can be described as symmetric. Lungs clear to auscultation. Respiratory effort is normal.
**Cardiovascular:** Regular rate and rhythm. No murmurs, gallops, or rubs.
**Integumentary:**
No impressive skin lesions present.
**Musculoskeletal:**
Normal range of motion, muscle strength, and stability in all extremities with no pain on inspection.

Morbid Obesity was not mentioned in this chart example. This could be a missed coding opportunity.

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# Patient Chart Example 2

**VITAL SIGNS:**
**Height:** 70.75 inches
**Weight:** 343.4 pounds
**Pulse Rate:** 112
**Pulse rhythm:** regular
**Blood Pressure:** 160/82 mm Hg
**Body Mass Index:** 48.41

In this chart example, the BMI and weight indicate Morbid Obesity. Morbid obesity was not listed as a diagnoses for this encounter. This could be a missed coding opportunity.

**Physical Examination**
**P** 112 **BP (upright)** 160/82 **Wt** 343.4 **Last Ht** 70.75 (02/21/2012)
**Constitutional:** Alert, no acute distress, well hydrated, well developed, well nourished.
**Neck:** supple, no adenopathy, no masses, thryroid normal size, no thyroid tenderness or nodules, no carotid bruits.
**Cardiovascular:** RRR, no murmurs, no gallops, peripheral pulses intact, no edema.
**Respiratory:** No respiratory distress, no accessory muscle use, clear to auscultation.
**Abdomen:** nondistended, nontender, normal BS, no hepatosplenomegaly, no hernia, no masses, no bruits.
**Spine:** normal mobility, no deformities.
**Extremities:** full joint motion, no deformities.

# ICD-10-CM

## Obesity ,BMI & Malnutrition

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# ICD-9-CM and ICD-10-CM Side by Side Comparison

## CODING Protein-Calorie Malnutrition

EXAMPLES

| ICD-9-CM | ICD-10-CM |
| --- | --- |
| **262** Other, severe protein-calorie malnutrition | **E43** Unspecified severe protein-calorie malnutrition |
| **263.0** Malnutrition of moderate degree | **E44.0** Moderate protein-calorie malnutrition |
| **263.1** Malnutrition of mild degree | **E44.1** Mild protein-calorie malnutrition |
| **263.8** Other protein-calorie malnutrition | |
| **263.9** Unspecified protein-calorie malnutrition | **E46** Unspecified severe protein-calorie malnutrition |

# ICD-9-CM and ICD-10-CM
# Side by Side Comparison- Obesity

## CODING Obesity

## EXAMPLES

| ICD-9-CM | ICD-10-CM |
|---|---|
| **278.00** Obesity, unspecified | **E66.9** Obesity, unspecified |
| **278.01** Morbid Obesity (BMI 40 or greater) | **E66.01** Morbid (severe) obesity due to excess calories |
| **278.02** Overweight (BMI 25–29.9 | **E66.3** Overweight |
| **278.03** Obesity hypoventilation syndrome (OHS, Pickwickian syndrome) | **E66.2** Morbid (severe) obesity with alveolar hypoventilation (Pickwickian syndrome) |

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# ICD-9-CM and ICD-10-CM Side by Side Comparison

## CODING BMI

## EXAMPLES

| ICD-9-CM | ICD-10-CM |
|---|---|
| **V85.41** Body mass index 40.0-44.9, adult | **Z68.41** Body mass index (BMI) 40.0-44.9, adult |
| **V85.42** Body mass index 45.0-49.9, adult | **Z68.42** Body mass index (BMI) 45.0-49.9, adult |
| **V85.43** Body mass index 50.0-59.9, adult | **Z68.43** Body mass index (BMI) 50-59.9 , adult |
| **V85.44** Body mass index 60.0-69.9, adult | **Z68.44** Body mass index (BMI) 60.0-69.9, adult |
| **V85.45** Body mass index 70 and over, adult | **Z68.45** Body mass index (BMI) 70 or greater, adult |

# Intensive Behavioral Therapy (IBT) for Obesity

- IBT for obesity became a covered preventive service under Medicare, effective November 29, 2011. It is reported with:
  - HCPCS code G0447 (Face-to-face behavioral counseling for obesity, 15 minutes)

- To improve payment accuracy, CMS created a new HCPCS code for the reporting and payment of behavioral group counseling for obesity –
  - HCPCS codes G0473 (Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes)

# IBT for Obesity

The same claims editing that applies to G0447 applies to G0473:

- DOS on or after January 1, 2015, MACs will recognize HCPCS code G0473, but **only** when billed with one of the ICD-9-CM codes for BMI 30.0 and over (V85.30,-V85.39, V85.41-V85.45).
- When claims for G0473 are submitted without a required diagnosis code, they will be denied.
- Medicare will deny claim lines billed for HCPCS codes G0447 and G0473 if billed more than 22 times in a 12-month.

For more info see MM8874

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# National Coverage Determination (NCD) for IBT for Obesity

- Based upon authority to cover "additional preventive services" for Medicare beneficiaries if certain statutory requirements are met, the Centers for Medicare & Medicaid Services (CMS) initiated a new national coverage analysis on intensive behavioral therapy for obesity.
- Screening for obesity in adults is recommended with a grade of B by the U.S. Preventive Services Task Force (USPSTF) and is appropriate for individuals entitled to benefits under Part A and Part B.

NCD for IBT for Obesity

# Indications and Limitations of Coverage

Intensive behavioral therapy for obesity consists of the following:

- Screening for obesity in adults using measurement of BMI calculated by dividing weight in kilograms by the square of height in meters (expressed kg/m2);
- Dietary (nutritional) assessment; and
- Intensive behavioral counseling and behavioral therapy to promote sustained weight loss through high intensity interventions on diet and exercise.

# The IBT for obesity should be consistent with the 5-A framework:

**Assess-**

Ask about/assess behavioral health risk(s) 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 the patient's interest in and willingness to change the behavior.

**Assist-**

Using behavior change techniques (self-help and/or counseling), aid the patient in achieving agreed-upon goals by acquiring the skills, confidence, & social/environmental supports for behavior change, supplemented with adjunctive medical treatments when appropriate.

**Arrange-**

Schedule follow-up contacts (in person or by telephone) to provide ongoing assistance/support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment.

# What does CMS Cover?

For Medicare beneficiaries with obesity, who are competent and alert at the time that counseling is provided and whose counseling is furnished by a qualified primary care physician or other primary care practitioner and in a primary care setting, CMS covers:

- 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 3kg weight loss requirement during the first six months as discussed below.

# Six Month Reassessment

At the six month visit, a reassessment of obesity and a determination of the amount of weight loss must be performed.

- To be eligible for additional face-to-face visits occurring once a month for an additional six months, beneficiaries must have achieved a reduction in weight of at least 3kg over the course of the first six months of intensive therapy. This determination must be documented in the physician office records for applicable beneficiaries consistent with usual practice.
- For beneficiaries who do not achieve a weight loss of at least 3kg during the first six months of intensive therapy, a reassessment of their readiness to change and BMI is appropriate after an additional six month period.

# How are “primary care physician” and “primary care practitioner” defined?

## Physician Defined— § 1833(u) (6)

For purposes of this paragraph, the term “physician” means a physician described in section 1861(r)(1) and the term “primary care physician” means a physician who is identified in the available data as a general practitioner, family practice practitioner, general internist, or obstetrician or gynecologist.

## Primary care practitioner— § 1833(x)(2)(A)

The term “primary care practitioner” means an individual—
(i) who—
(I) is a physician (as described in section 1861(r)(1)) who has a primary specialty designation of family medicine, internal medicine, geriatric medicine, or pediatric medicine; or
(II) is a nurse practitioner, clinical nurse specialist, or physician assistant (as those terms are defined in section 1861(aa)(5))

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# Bariatric surgery, Medicare beneficiaries

- For bariatric surgery or other treatment of obesity, Medicare recognizes that obesity may be caused by medical conditions such as hypothyroidism, Cushing's disease, and hypothalamic lesions, or can aggravate a number of cardiac and respiratory diseases as well as diabetes and hypertension.
- Non-surgical services in connection with the treatment of obesity are covered when such services are an integral and necessary part of a course of treatment for one of these medical conditions.

In order to be considered for bariatric surgery, Medicare beneficiaries need to have a body-mass index ≥ 35, have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity. The full NDC can be found at CMS NCD for Bariatric Surgery for Treatment of Morbid Obesity.

The Centers for Disease Control (CDC) reported that "obesity rates in the U.S. have increased dramatically over the last 30 years, and obesity is now epidemic in the United States." In the Medicare population over 30% of men and women are obese. Obesity is directly or indirectly associated with many chronic diseases including cardiovascular disease, musculoskeletal conditions and diabetes.

**Medicare National Coverage Determinations Manual**
**Chapter 1, Part 4 (Sections 200 – 310.1)**
**Coverage Determinations**

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# References:

- http://www.nhlbi.nih.gov/files/docs/guidelines/ob_gdlns.pdf
- www.cdc.gov
- http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8874.pdf
- http://www.merckmanuals.com/professional/nutritional_disorders/undernutrition/protein-energy_undernutrition.html?qt=&sc=&alt=#v6600913
- http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=57&ncdver=5&NCAId=258&NcaName=Bariatric+Surgery+for+the+Treatment+of+Morbid+Obesity&IsPopup=y&bc=AAAAAAAACAAAAA%3D%3D&
- ICD-10-CM Codebook, ICD-10-CM Official Guidelines for Coding and Reporting
- ENDOCRINOLOGY TIPSHEET.BGSMC.Revised.3.2014- CDI

# Contact Information

Our goal is to help simplify and support accurate, complete, concise documentation and coding.

We are happy to help you!

**Please contact us with any additional questions or comments**

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