Managing Obesity in Patients



According to the CDC, more than 40% of U.S. adults are obese. Obesity is a complex condition that can lead to serious health issues including diabetes, heart disease and cancer.

BMI Classifications

Body Mass Index is a measure of body fat based on height and weight that applies to adult men and women. BMI is a screening tool and not an indicator of health.

Underweight: Less than 18.5

Healthy: 18.5 to 25 Overweight: 25 to 30 **Obese:** 30 or higher

Morbid Obesity: 40 or greater



Starting the Obesity Conversation with Patients

Conversations surrounding weight may trigger emotional responses from patients. Keeping a neutral tone and focus on the physical and emotional impact may help. Rethink Obesity provides the 5As for starting the conversation on weight management.



- Permission to discuss weight
- Explore readiness for change



- Agree on realistic weight-loss expectations
 Agree on a treatment plan



- Obesity class and stage
- Drivers, complications and barriers



- Explain benefits for modest weight loss
- Discuss treatment options



- Provide educational resources
- Refer to a specialist
- Arrange a follow-up

Tips for Accurately Capturing Obesity in Patients

Coders should use BMI codes ONLY when there is associated, reportable weight diagnosis, such as obesity. One of the most frequently missed coding opportunities in our Network is capturing obesity in patients. Refer to the tips below:

- All chronic conditions need to be documented at least once annually.
- Use an additional Z code to identify body mass index (for patients 21 and over).
- Document diagnosis: Document and code for morbid obesity with the associated BMI during each visit.
 - o Be specific with documentation.
 - o Review and document conditions managed by a specialist.
- For BMI documentation: Code first the underlying condition such as overweight, obese, morbidly obese, protein calorie malnutrition and then the corresponding status Z code.



In 2021, there were 583 patients who met the Morbid Obesity criteria, yet there was no associated HCC code. This can be a result of a missed recapture or falling off the measurement radar.

Billing/Coding Examples

According to ICD-10-CM guidelines, the clinician should document that the member is overweight, obese or morbidly obese. It is important to note that all weight-related diagnoses are not treated equal when it comes to risk adjustment. Overweight and unspecified obese diagnoses do not impact quality score or risk adjustment payments.

When coding for obesity, code for the obesity and for the BMI. For example, if the patient assessment reveals a patient has a BMI of 50.55, you would code:

E66.01 (morbid obesity) + Z68.43 (BMI 50-59.9) to properly capture the morbid obesity and the BMI.

Coding Tips

- E66.01 Morbid (severe) obesity due to excess calories
- 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) 50.0-59.9, adult
- Z68.44 Body mass index (BMI) 60.0-69.9, adult
- Z68.45 Body mass index (BMI) 70 or greater, adult



Recommendations for Treatment

Once you've had the conversation with your patients about obesity, it may be time to recommend changes for a healthier lifestyle including:

- Diet changes: keep tracking of calories, eat healthier foods, eat foods that provide more energy/keep full longer
- Physical activity: at least 150 minutes a week of moderate-intense activity
- Behavior changes: talk with a mental health professional about eating-related issues



Help patients manage obesity and learn about BMI with Nebraska Health Network's patient resource. Visit NebraskaHealthNetwork.com to access this resource and more.





Sources: CDC, Harvard Health, Mayo Clinic, National Heart, Lung and Blood Institute