

### FOCUS ON: Nutrition

BMI (body mass index) can provide clinical information on a person's nutritional status. According to the World Health Organization, a BMI between 18.50 and 24.99 is considered within the normal range for many individuals, although cut-off points are lower for many Asian populations.<sup>1</sup>

#### Pre-obesity, obesity and morbid obesity

Pre-obesity is defined by a BMI between 25.0 and 29.99. These patients should be counseled on the risks of being overweight and developing obesity. Obesity is defined by a BMI >30. For patients who fall into this category, and based on recommendations by the U.S. Preventive Services Task Force (USPSTF), CMS will cover preventive services and counseling for obesity, under HCPCS code, G0447 (Face to Face Behavioral Counseling for Obesity, 15 minutes).<sup>2</sup> Requirements for reimbursement include: alert and competent patients with BMI ≥ 30, counseling by a primary care practitioner in a primary care setting, dietary (nutritional) assessment, and intensive behavioral counseling and behavioral therapy to promote sustained weight loss through high-intensity interventions on diet and exercise. Multiple visits can be scheduled, according to the following protocol:

- Medicare covers a maximum of 22 intensive behavioral treatment (IBT) sessions for obesity in a 12-month period
- One face-to-face visit every week for the first month
- One face-to-face visit every other week for months 2–6; and one face-to-face visit every month for months 7–12, if the beneficiary meets the 3 kg (6.6 pounds) weight-loss requirement during the first six months

#### Protein-calorie malnutrition

Although protein-calorie malnutrition can be defined as a BMI less than 18.5, significant mortality among the elderly occurs when the BMI is less than 21.<sup>3</sup> The prevalence of protein-calorie malnutrition varies depending on the clinical setting: 4% in the community setting; 29% in subacute care facilities; 27% and 38% among the hospitalized elderly aged 60–79 and aged 80 or older, respectively; and 30–40% among those aged 70 years or older who have been hospitalized for over two weeks.<sup>4</sup>

### Documentation and coding tips

- The BMI diagnosis code (Z68.-) should only be reported as a secondary diagnosis to the patient's underlying condition such as overweight, morbid obesity or protein-calorie malnutrition for example
- The provider must document the patient's underlying condition (such as overweight or obesity) in order to code the condition
- A patient's BMI may be coded from the dietitian's or other medical professional's documentation
- To satisfy quality reporting documentation requirements, document the patient's weight and BMI

#### Overweight and Obesity

Z71.3 Dietary counseling and surveillance  
*Use additional code for any associated underlying medical condition and to identify BMI (Z68.-)*

Z71.82 Exercise counseling

Overweight (E66.3) and one of the BMI codes below:

Z68.25 BMI 25.0-25.9, adult  
Z68.26 BMI 26.0-26.9, adult  
Z68.27 BMI 27.0-27.9, adult  
Z68.28 BMI 28.0-28.9, adult  
Z68.29 BMI 29.0-29.9, adult

Obesity (E66.01, E66.09, E66.1, E66.2, E66.8, E66.9) and one of the BMI codes below:

Z68.30 BMI 30.0-30.9, adult  
Z68.31 BMI 31.0-31.9, adult  
Z68.32 BMI 32.0-32.9, adult  
Z68.33 BMI 33.0-33.9, adult  
Z68.34 BMI 34.0-34.9, adult  
Z68.35 BMI 35.0-35.9, adult  
Z68.36 BMI 36.0-36.9, adult  
Z68.37 BMI 37.0-37.9, adult  
Z68.38 BMI 38.0-38.9, adult  
Z68.39 BMI 39.0-39.9, adult  
Z68.41 BMI 40.0-44.9, adult  
Z68.42 BMI 45.0-49.9, adult  
Z68.43 BMI 50.0-59.9, adult  
Z68.44 BMI 60.0-69.9, adult  
Z68.45 BMI 70 or greater, adult

#### Protein-calorie malnutrition (PCM)

E43 Unspecified severe protein-calorie malnutrition  
E44.0 Moderate protein-calorie malnutrition  
E44.1 Mild protein-calorie malnutrition  
E45 Retarded development following PCM  
E46 Unspecified protein-calorie malnutrition  
E64.0 Sequelae of protein-calorie malnutrition  
R64 Cachexia (code first underlying condition)

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2019: "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 the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2019. Codes marked with a + directly after them represent new additions to the FY 2019 ICD-10-CM code classification.

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 2, 2018, the Centers for Medicare & Medicaid Services (CMS) announced that 2018 dates of service for the 2019 payment year model is based on 100% of the 2019 CMS-HCC model mappings released April 2, 2018. See: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf>

For additional information as well as publications and products available for HEDIS®, please visit the National Committee for Quality Assurance (NCQA) website at [ncqa.org](http://ncqa.org). For additional information about the Five-Star Quality Rating System, please refer to: <http://go.cms.gov/partcandstarratings>.

Optum360 ICD-10-CM: Professional for Physicians 2019. Salt Lake City, UT: 2018.

1. WHO Expert Consultation. Appropriate body-mass index for Asian populations and its implications for policy and intervention strategies. Lancet 2004; 363: 157-63.
2. Decision Memo for Intensive Behavioral Therapy for Obesity (CAG-00423N). Centers for Medicare and Medicaid Services. (<https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?&NcaName=Intensive+Behavioral+Therapy+for+Obesity&bc=ACAAAAAIAAA&NCAId=253>).
3. Berrington de Gonzalez A, Hartge, P, Cerhan JR, et al. Body-Mass Index and Mortality among 1.46 Million White Adults. N. Engl. J. Med. 2010; 363 (23): 2211-9. (2010).
4. Nutritional Screening Survey in the United Kingdom and Republic of Ireland in 2011. British Association of Parenteral and Enteral Nutrition. 2012. <<http://www.bapen.org.uk/pdfs/nsw/nsw-2011-report.pdf>>.