**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.¹

**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).² 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 21.³ 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.⁴

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**Documentation and Coding Tips**

- **The BMI diagnosis code (Z68.--) should only be reported as a secondary diagnosis to the patient’s underlying condition, for example: overweight, morbid obesity or protein-calorie malnutrition.**
- **The provider must document the patient’s underlying condition (such as overweight or obesity) in order for the condition to be coded.**
- **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 medical condition and to identify:**
  - 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
  - BMI 30.0-30.9, adult
  - BMI 31.0-31.9, adult
  - BMI 32.0-32.9, adult
  - BMI 33.0-33.9, adult
  - BMI 34.0-34.9, adult
  - BMI 35.0-35.9, adult
  - BMI 36.0-36.9, adult
  - BMI 37.0-37.9, adult
  - BMI 38.0-38.9, adult
  - BMI 39.0-39.9, adult
  - BMI 40.0-44.9, adult
  - BMI 45.0-49.9, adult
  - BMI 50.0-59.9, adult
  - BMI 60.0-69.9, adult
  - 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)

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Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2020: “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 2020.

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