

Insider

Informative and educational coding information for providers

Focus on: Nutrition

Facts about body mass index (BMI)

BMI can provide clinical information on a person's nutritional status. According to the World Health Organization, a BMI between 18.5 and 24.99 is considered within the normal range for European individuals, while the cutoff points are lower for Asian populations.¹

Pre-obesity, obesity and morbid obesity

Pre-obesity is defined as 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 as 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 primary care practitioner in primary care setting, dietary (nutritional) assessment, and intensive behavioral counseling and 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) for obesity sessions 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 is noted with a BMI less than 21.³ The prevalence of protein-calorie malnutrition varies depending on the clinical setting. Protein-calorie malnutrition is estimated at 4% in the community setting; 29% in subacute care facilities; 27% and 38% among the hospitalized elderly aged 60–79 and aged 80 and older, respectively; and 30–40% among those aged 70 years of age and older who have been hospitalized for over two weeks.⁴

Always remember ...

- The BMI codes should only be reported as secondary diagnoses
- The provider must document the associated diagnosis (such as overweight or obesity) and both the weight and the BMI in the progress note
- BMI may be coded from the dietitian's or other medical professional's documentation

Documentation and coding tips

Overweight and obesity

Note: Use additional code to identify body mass index (BMI), if known (Z68.-)

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

Z68.30	Body mass index (BMI) 30.0-30.9, adult
Z68.31	Body mass index (BMI) 31.0-31.9, adult
Z68.32	Body mass index (BMI) 32.0-32.9, adult
Z68.33	Body mass index (BMI) 33.0-33.9, adult
Z68.34	Body mass index (BMI) 34.0-34.9, adult
Z68.35	Body mass index (BMI) 35.0-35.9, adult
Z68.36	Body mass index (BMI) 36.0-36.9, adult
Z68.37	Body mass index (BMI) 37.0-37.9, adult
Z68.38	Body mass index (BMI) 38.0-38.9, adult
Z68.39	Body mass index (BMI) 39.0-39.9, adult
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

Protein-calorie malnutrition

E43	Unspecified severe protein-calorie malnutrition
E44.0	Moderate protein-calorie malnutrition
E44.1	Mild protein-calorie malnutrition
E46	Unspecified protein-calorie malnutrition
E64.0	Sequelae of protein-calorie malnutrition
R63.6	Underweight
R64	Cachexia

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2016: "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."

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 6, 2015, CMS announced the CMS-HCC Risk Adjustment model for payment year 2016 driven by 2015 dates of service. For more information see: <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2016.pdf>, and <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Announcement2016.pdf>, and <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/index.html>. Optum™ and its respective marks are trademarks of Optum, Inc. This document is proprietary and confidential; rebranding, public posting, digital downloading is not permitted without the express consent of Optum. All other brand or product names may be registered marks of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer. ©2016 Optum, Inc. All rights reserved.

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Optum360 ICD-10-CM: Professional for Physicians 2016. Salt Lake City: 2015.

Optum360 2016 HCPCS Level II, A resourceful compilation of HCPCS codes. Salt Lake City: 2015.

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. "National Coverage Determination (NCD) for Intensive Behavioral Therapy for OBESITY (210.12)." Centers for Medicare & Medicaid Services. Web 2012. <<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=353&nCdver=1&NCAId=253&ver=6&NcaName=Intensive+Behavioral+Therapy+for+Obesity&bc=AjAAAAAIAAA&>>

3. Berrington de Gonzalez A (December 2010). Body-Mass Index and Mortality among 46 Million White Adults. *N. Engl. J. Med.* 363 (23): 2211–9. (2010).

4. Russell, C. A., and M. Elia. Nutrition Screening Survey in the UK and Republic of Ireland in 2010. A report by BAPEN (2011). <bapen.org>