

Insider

Informative and educational coding information for providers

Focus on: BMI, obesity and protein-calorie malnutrition



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 a new 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 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) 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.³

This guidance is to be used for easy reference; however, the ICD-9-CM and ICD-10-CM code books 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 7, 2014, CMS announced a revised CMS-HCC risk adjustment model that differs from the proposed Medicare risk adjustment model. For more information see: <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2015.pdf>, <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2015.pdf>, and <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/index.html>.

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Per the ICD-10-CM Official Guidelines for Coding and Reporting 2015 from the Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS): "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."

Always remember ...^{4,5,6}

- BMI may be coded from the dietician's or other medical professional's documentation
- 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

Documentation and coding tips

Malnutrition and obesity are divided into several specific code categories based on degree or severity. Clinical documentation should include:

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

ICD-9-CM Coding for protein-calorie malnutrition⁵

262	Other severe, protein-calorie malnutrition
263.0	Malnutrition of moderate degree
263.1	Malnutrition of mild degree
263.8	Other protein-calorie malnutrition
263.9	Unspecified protein-calorie malnutrition

ICD-10-CM Coding for protein-calorie malnutrition⁷

E43	Unspecified severe protein-calorie malnutrition
E44.0	Moderate protein-calorie malnutrition
E44.1	Mild protein-calorie malnutrition
E46	Unspecified protein-calorie malnutrition

ICD-9-CM Coding for underweight and BMI⁵

783.22	Underweight
V85.0	BMI less than 19, adult

ICD-10-CM Coding for underweight and BMI⁷

R63.6	Underweight
Z68.1	BMI 19 or less, adult

ICD-9-CM Coding for overweight, obesity and BMI⁵

278.02	Overweight
V85.21–V85.25	BMI 25.0–29.9, adult
278.00	Obesity, unspecified
V85.30–V85.39	BMI 30.0–39.9, adult
278.01	Morbid (severe) obesity
V85.41–V85.45	BMI 40 and over, adult

ICD-10-CM Coding for overweight, obesity and BMI⁷

E66.3	Overweight
Z68.25–Z68.29	BMI 25.0–29.9, adult
E66.9	Obesity, unspecified
Z68.30–Z68.39	BMI 30.0–39.9, adult
E66.01	Morbid (severe) obesity due to excess calories
Z68.41–Z68.45	BMI 40 or greater, adult

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 2. 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).
 3. Nutritional Screening Survey in the UK in 2008 Hospitals, Care Homes and Mental Health Units, British Association of Parenteral and Enteral Nutrition. 2009. <[bapen.org.uk](http://www.bapen.org.uk)>.
 4. United States. Centers for Disease Control and Prevention. ICD-9-CM Official Guidelines for Coding and Reporting. Centers for Medicare and Medicaid Services and National Center for Health Statistics, 2011. Web. www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm
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 7. *Optum ICD-10-CM: The Complete Official Draft Set 2015*. Salt Lake City: 2014.