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Medicare Advantage

Documentation and coding tips: Obesity

For the general population, an increased body mass index (BMI) correlates well with excess body fat. CMS will cover up to 22 behavioral counseling visits in a 12-month period from a qualified primary care physician or other primary care provider in a primary setting for obesity, defined as patients with a BMI of ≥30 kg/m^2, G0447 (*face-to-face behavioral counseling for obesity, 15 minutes*), if the patient meets all requirements.[1] All intensive behavioral therapies should be consistent with the five A's: assess, advise, agree, assist and arrange that has been highlighted by the USPSTF.[2]

The BMI should be coded secondary to the underlying condition (overweight, obesity, morbid obesity or protein-calorie malnutrition).

ICD-10-CM code	Description
E66.01	Morbid (severe) obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.1	Drug-induced obesity. *Use additional code for adverse effect, if applicable, to identify drug (T36–T50 with fifth or sixth character 5)*
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E66.3	Overweight
E66.8	Other obesity
E66.9	Obesity, unspecified

BMI codes are status codes that should only be assigned when there is an associated, reportable and documented diagnosis (such as overweight, obesity or morbid obesity).

- Z68.1 BMI 19.9 or less, adult
- Z68.20–Z68.24 BMI 20.0–24.9
- Z68.25–Z68.29 BMI 25.0–29.9
- Z68.30–Z68.39 BMI 30.0–39.9
- **Z68.41** BMI 40.0–44.9, adult
- **Z68.42** BMI 45.0–49.9, adult
- **Z68.43** BMI 50–59.9, adult
- **Z68.44** BMI 60.0–69.9, adult
- **Z68.45** BMI 70 or greater, adult

Per the ICD-10-CM Official Guidelines for Coding and Reporting (I.B.14). Clinicians (in this context, "clinicians" other than the patient's provider refers to healthcare professionals permitted, based on regulatory or accreditation requirements or internal hospital policies, to document in a patient's official medical record) may document the BMI but code assignment is to be based on documentation by the patient's provider (i.e. physician or other qualified healthcare practitioner) legally accountable for establishing the patient's diagnosis.

Classification	BMI – Principal cut-off points
Underweight	<18.50
Severe malnutrition	<16.00
Moderate malnutrition	16.00–16.99
Mild malnutrition	17.00–18.49
Normal range	18.50–24.99
Overweight >25.00	>25.00
Pre-obese	25.00–29.99
Obese	>30.00
Obese class I	30.00–34.99
Obese class II	35.00–39.99
Obese class III (morbid obesity)	≥40.00

According to the World Health Organization (WHO), a BMI between 18.50 and 24.99 is considered within the normal range for many individuals, but these are general guidelines. Correct coding of a diagnosis requires specific documentation from the provider.[2]

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2024: "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 2024.

The following references were used in the creation of this document at time of publication:

- Optum360. *ICD-10-CM: Professional for Physicians 2024*. Salt Lake City, UT: Optum360; 2023.

1. Centers for Medicare & Medicaid Services. CMS Manual System: Pub 100-03 Medicare National Coverage Determinations (Transmittal 142). Published February 3, 2012.December 7, 2023.
2. Centers for Medicare & Medicare Services. National Coverage Determination (NCD). Intensive Behavioral Therapy for Obesity. Accessed December 7, 2023.
3. 2022 AHA Coding Clinic for ICD-10-CM; Vol. 9 Q2, p. 9.

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This tool is to be used for easy reference; however, the current ICD-10-CM code classification 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 plan and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. This presentation supplies general information regarding HEDIS and the Five-Star Quality Rating System, but NCQA administers HEDIS and CMS administers the Five-Star Quality Rating System, and you should consult the NCQA and CMS websites for further information. Lastly, on March 31, 2023, the Centers for Medicare & Medicaid Services (CMS) announced that 2023 dates of service for the 2024 payment year model are based on the Centers for Medicare & Medicaid Services Announcement. Announcement of Calendar Year (CY) 2024 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies (cms.gov).

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