

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 \geq 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

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2018: "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 ICD-10-CM codes represents categories, subcategories or codes that map to the 2017 CMS-HCC risk adjustment model for Payment Year 2018. Codes marked with a + directly after them represent new additions to the FY 2018 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 3, 2017, the Centers for Medicare & Medicaid Services (CMS) announced that 2017 dates of service for the 2018 payment year model is based on 100% of the 2017 CMS-HCC model mappings released April 4, 2016, which include additional code updates in the 2017 Midyear Final ICD-10 Mappings released December 30, 2016. See: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2018.pdf>, <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.html> and <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors-Items/Risk2017.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>.

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. For additional information about the Medicare Advantage Five-Star Quality Rating System, please refer to: <http://go.cms.gov/partcandstarratings>.

Optum360 ICD-10-CM: Professional for Physicians 2018. Salt Lake City, UT: 2017.

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=CAAAAAAIAAA&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>>.

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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 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)