

Focus on: Obesity and protein-calorie malnutrition

March is National Nutrition Month

Medicare Advantage <ul style="list-style-type: none"> • HCC 21: Protein-calorie malnutrition • HCC 22: Morbid obesity 	<ul style="list-style-type: none"> • Prevalent conditions in CMS-HCC 22 are: Morbid (severe) obesity, morbid (severe) obesity with alveolar hypoventilation and the status codes for body mass index (BMI) ≥ 40 • CMS-HCC 21 and HHS-HCC 23 contain the following conditions: Malnutrition NOS (unspecified), mild malnutrition (note: few or no biochemical changes), moderate protein-calorie malnutrition (PCM), severe PCM, cachexia and retarded development following PCM (nutritional stunting or short stature due to malnutrition) • Unique to Medicare Advantage: Sequelae of PCM
Affordable Care Act <ul style="list-style-type: none"> • HCC 23: Protein-calorie malnutrition 	

The conditions listed in the table above do not represent an inclusive list. Please check the CMS and HHS mappings for a complete list of conditions. HCC information is provided for educational purposes on the differences between the CMS and HHS models and is not intended to affect patient care. CMS requires submission of all diagnosis codes within the reporting period each calendar year based on what is documented in the medical record.

Documentation should be clear, concise and legible. All conditions that coexist at the time of the encounter/visit and require or affect patient care, treatment and/or management should be documented.

When documenting PCM, specify:

- **Severity:** Mild (first degree), moderate (second degree), severe (third degree); avoid documenting a range of severity, such as “moderate to severe”; if documenting cachexia, document underlying cause, if known
- **Associated conditions:** For example: alcoholic hepatitis, anemia, cancer, celiac disease, congestive heart failure (CHF), cirrhosis, cystic fibrosis, dementia, depression, end-stage renal disease (ESRD), liver disease, obesity, pancreatitis, substance abuse and/or dependence

PCM

ICD-10-CM	Description
E43	Unspecified severe protein-calorie malnutrition
E44.0	Moderate protein-calorie malnutrition
E44.1	Mild protein-calorie malnutrition
E45	Retarded development following protein-calorie malnutrition
E46	Unspecified protein-calorie malnutrition
R64	Cachexia

When documenting obesity, specify:

- **Type(s) if known:** Overweight, obese, morbidly (severely) obese, morbid obesity with alveolar hypoventilation (Pickwickian), obesity hypoventilation syndrome (OHS)
- **Cause:** Due to excess calories, drug-induced obesity – specify drug
- **Weight and BMI:** BMI codes can be assigned from the dietician's or other caregiver's documentation, but the provider must document the related condition (for example, morbid obesity, obesity, malnutrition, etc.)
- **Associated comorbid conditions:** For example, chronic obstructive pulmonary disease (COPD), coronary artery disease, diabetes, gastroesophageal reflux disease (GERD), hypertension, sleep apnea

Obesity

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

BMI

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).

ICD-10-CM	Description
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

For additional information on obesity, please click [here](#).

For additional information on PCM, please click [here](#).

Social determinants of health (partial listing)

ICD-10-CM	Description
Z58.6	Inadequate drinking water supply
Z59.41	Food insecurity
Z59.48	Other specified lack of adequate food
Z59.00	Homelessness, unspecified
Z59.01	Sheltered homelessness
Z59.02	Unsheltered homelessness
Z59.1	Inadequate housing
Z59.5	Extreme poverty
Z59.6	Low income
Z59.7	Insufficient social insurance and welfare support
Z59.86 ●	Financial insecurity
Z59.87 ●	Material hardship
Z60.0	Problems of adjustment to life cycle transitions (empty nest syndrome, phase of life problem, problem with adjustment to retirement)
Z60.2	Problems related to living alone
Z60.4	Social exclusion and rejection
Z62.0	Inadequate parental supervision and control
Z63.4	Disappearance and death of family member (bereavement)
Z63.72	Alcoholism and drug addiction in family
Z63.79	Other stressful life events affecting family and household

Social determinants of health (SDOH) such as housing, food security and transportation can have an immense impact on the physical and mental health of patients. It is vital that these determinants are accurately documented and coded, when applicable, to assist in identifying patients who may qualify for needed resources through their health plan and/or local community.

Please note that these codes are for supplemental reporting purposes and should not be used as primary diagnosis codes.

For additional information on SDOH, please click [here](#).

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2023: "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 2023.

Codes marked with a ● directly after them represent new additions to the FY 2023 ICD-10-CM code classification.

Training opportunities

Optum offers a variety of documentation and coding courses for Medicare Advantage (MA) and the Affordable Care Act (ACA). Some sessions offer continuing education units (CEUs) and can be used for continuing medical education (CME) credits, depending on your credentialing organization.

National trainings: Please speak with your Optum representative for a schedule of virtual trainings on documenting and coding prevalent chronic conditions.

If you are not sure who your Optum representative is, please contact the Optum Provider Support Center at 1-877-751-9207 between 8 a.m. and 7 p.m. ET, Monday–Friday.

* HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

1. Optum360 ICD-10-CM: Professional for Physicians 2023. Salt Lake City, UT: 2022.

This guidance 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 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 April 4, 2022, the Centers for Medicare & Medicaid Services (CMS) announced that 2022 dates of service for the 2023 payment year model are based on the Centers for Medicare & Medicaid Services Announcement. [cms.gov/files/document/2023-announcement.pdf](https://www.cms.gov/files/document/2023-announcement.pdf).

For the Affordable Care Act (ACA): The Department of Health & Human Services Hierarchical Condition Category (HHS-HCC) model applies in the health exchange risk adjustment program under the Affordable Care Act. This model differs significantly from the CMS-HCC model, which applies in the Medicare Advantage risk adjustment program. For more information, please visit: [cms.gov/ccio/Regulations-and-Guidance/index.html#Premium%20Stabilization%20Programs](https://www.cms.gov/ccio/Regulations-and-Guidance/index.html#Premium%20Stabilization%20Programs). HHS also issues an annual notice of benefit and payment parameters, which may contain additional guidance on risk adjustment coding and other related issues under the Affordable Care Act.

For more information on Optum and the products and services we offer, contact us at 1-877-751-9207 or email providersupport@optum.com. If you have questions or wish to be removed from this email, please contact your Optum representative.



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