

Reporting Obesity: Coding for Network Success

After viewing coding data from our network paid claims, and NIH statistics, it appears that nearly half of our morbidly obese patients are not being reported as such.

Coding and reporting an abnormal BMI is not sufficient to report obesity. Coding rules, part of HIPAA, changed in 2018 to require a specific weight-related diagnosis rather than just a BMI.

A coder may never convert a BMI code to a weight-related diagnosis. The weight-related diagnosis must be made and documented by the provider performing the encounter. BMI should be thought of more as a screening tool, rather than diagnostic.

Conversely, a provider-documented diagnosis of obesity or morbid obesity in the HPI, assessment or discharge summary may stand alone without other support.

Comorbidities should be considered when making a weight-related diagnosis. A BMI of 35 with any significant comorbidity (even arthritis qualifies here) upgrades the weight diagnosis from obesity to morbid obesity. A diagnosis of morbid obesity is a matter of clinical judgement not necessarily tied to BMI .

	BMI code	Weight-related diagnosis	
BMI 35 otherwise healthy	Z68.35	Other Obesity due to excess calories	E66.09
BMI 35 with at least 1 comorbidity	Z68.35	Morbid Obesity due to excess calories	E66.01
BMI 40	Z68.41	Morbid Obesity due to excess calories	E66.01
No BMI but MD documented morbid obesity	no code reported	Morbid Obesity due to excess calories	E66.01

A diagnosis of morbid obesity triggers an HCC (hierarchical condition category) with a risk adjustment factor roughly in the vicinity of Stage 4 chronic kidney disease. Obesity not specified as morbid does not trigger an HCC.

Important Takeaways:

- BMI diagnosis codes from ICD-10 should not be reported without documentation of other weight-related diagnoses, whether they be abnormally overweight or underweight.
- Comorbidities should be factored in when considering a diagnosis of obesity vs morbid obesity.
- A provider clinical diagnosis of morbid obesity overrides any recorded BMI. For a patient too large to be weighed in the office, a provider-reported morbid obesity diagnosis can stand alone. ICD-10-CM coding rules for coding weight-related diagnoses state that additional codes for BMI may be coded, if known.
- Appropriate reporting of morbid obesity can significantly increase risk adjustment, and consequently, opportunity for shared savings in value-based contracts. It can also positively affect your MIPS scoring for Cost.

MetroCare Board Election Results

We thank those of you who so promptly responded to our October Annual Meeting email. The board election response easily reached quorum numbers.

The following were elected/re-elected:

Neal Aguillard, MD	Pulmonary Medicine
John Buttross, MD	Internal Medicine
Dale Hansen III, MD	Radiology
Randall Huling, MD	Family Medicine
Jimmie Mancell, MD	Internal Medicine
Lisa Young, MD	Cardiology

Again, we thank Dr. Salil Parikh for his years of service on the MetroCare Physicians board.

November is E&M Month

2021 changes to E&M coding for outpatient encounters are not going away despite all the issues with COVID.

MetroCare will again host evening E&M webinars for physicians/clinicians as well as longer, more detailed daytime programs for coding and billing staff (physicians are also welcome)

MetroCare Outpatient Evaluation & Management Coding 2021: A Deeper Dive

For Physicians, NPs, and PAs

November 17 6:00PM

[click here](#) to register

OR

December 9 6:00PM

[click here](#) to register

Outpatient Evaluation & Management Coding Changes for 2021: A Deeper Dive

November 6 or 20

9:00AM and 1:00PM sessions both dates

Three hour coder/biller sessions with CEUS available

[click here](#) to access Event Calendar for registration

Presented by: Karen Scott, MEd, RHIA, CCS-P, CPC, FAHIMA

We Are Here to Assist You

A dedicated team of professionals is committed to assuring MetroCare physicians have the tools and resources to achieve success with the changes required by transition to value-based healthcare.

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