The Top Conditions
Obesity & BMI Documentation & Coding

Commercial Risk Adjustment Operations | 2025

Florida Blue
Your Health Solutions Partner

Disclosures:

- **Blue Cross and Blue Shield of Florida, Inc. (dba Florida Blue)**, a GuideWell Mutual Holding Corporation, and **the Risk Adjustment** team have indicated no relevant financial relationships to disclose regarding the content of this presentation.

- **The following is intended to be an informational resource only. Nothing expressed in this presentation should be construed as medical advice.**

Florida Blue
Your Health Solutions Partner

"Education is the most powerful weapon you can use to change the world."

- Nelson Mandela

By reviewing this presentation, you will learn:

- Objective and Intent
- Best Practices - Documentation
- ICD-10-CM Quick Tips
- Coding Example Review
- Continued Educational Resources

Florida Blue

Your Health Solutions Partner

Objectives and Intent

The Top Conditions | Obesity & BMI Documentation & Coding

Florida Blue
Your Health Solutions Partner

The Top Condition Series| Objective and Intent

Enhance the accuracy and completeness of provider documentation, medical diagnosis coding, and promote proper reimbursement.

Instill providers with the knowledge, tools, and resources to accurately assess, treat, document, and code the current health status of Florida Blue members.

Accurate coding ensures the Center for Medicare and Medicaid Services (CMS) is fairly and accurately measuring the health of the Affordable Care Act (ACA) population as part of the ACA Risk Adjustment Program.

Florida Blue
Your Health Solutions Partner

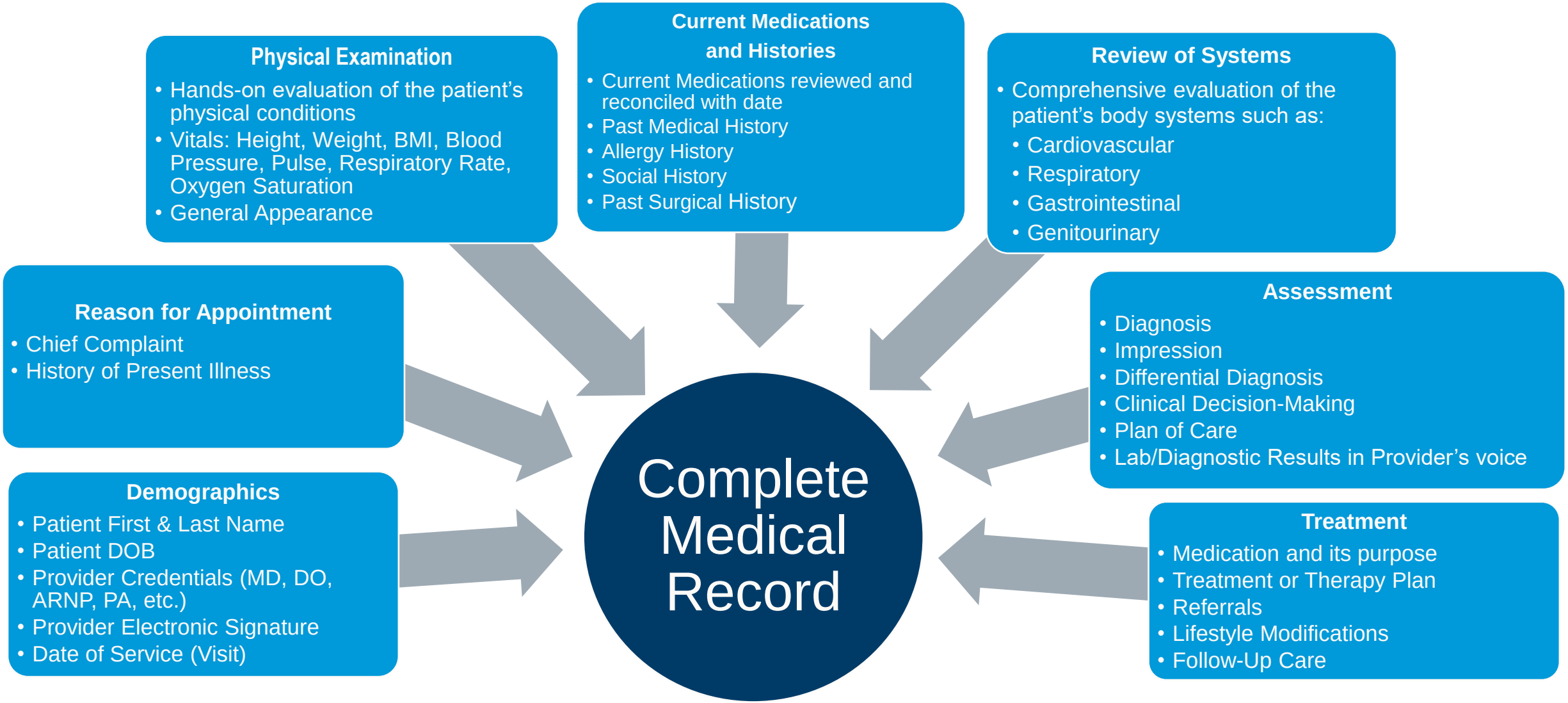
Best Practices - Documentation

The Top Conditions | Obesity & BMI Documentation & Coding

Florida Blue

Your Health Solutions Partner

Critical Elements of Medical Record Documentation

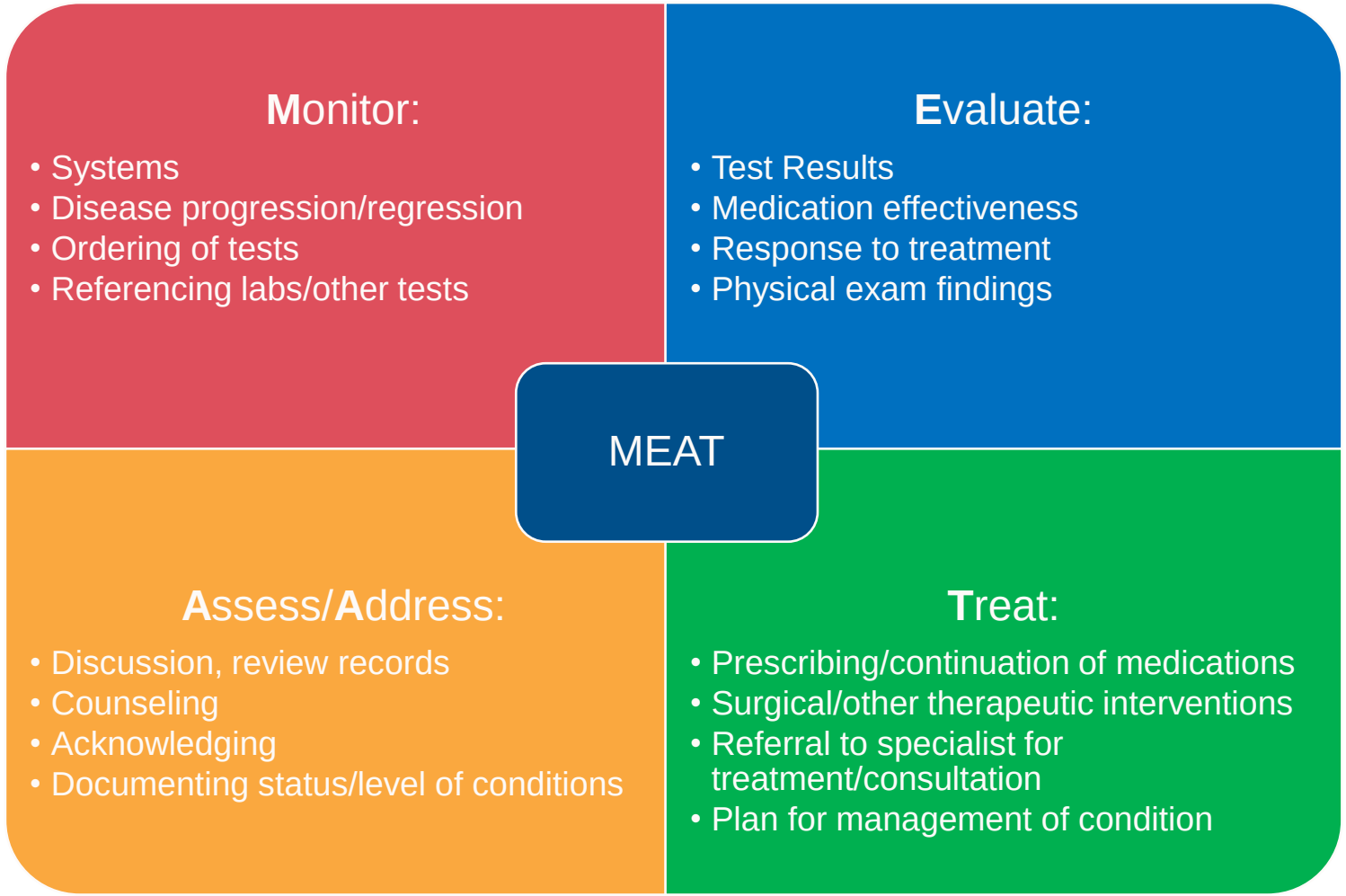


Note: This is a partial list.

Florida Blue
Your Health Solutions Partner

Best Practices - Documentation

- Accurate, complete **MEAT** documentation of chronic condition diagnoses by clinicians is an essential component of the risk adjustment and HCC process. Most chronic conditions match to an HCC.
- To support a Hierarchical Condition Category (HCC), documentation must support the presence of the disease/condition. Additionally, it must include the clinical provider's assessment and/or plan for management of the disease/condition.
- Most organizations use the *M.E.A.T*. criteria – **Monitoring**, **Evaluation**, **Assessment, and Treatment** for their documentation practices. As well as ICD-10-CM diagnosis coding and HCC assignments.



Helpful Tips

Best Practices - Documentation

Current Conditions

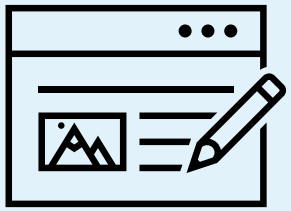
- Code chronic conditions at least on an annual basis.
- Code all existing conditions as many times as patient receives care and treatment.
- **Do not code** for conditions previously treated and no longer exist (history of).
- If condition is being treated by a specialist, code condition and status. E*xample*: *Patient on Coumadin for atrial fibrillation, followed by Dr. Hill.*

Specificity

- CD-10 code selection should be at the highest level of specificity.
- Include chronic or acute, site, laterality, severity, status, etc., in the medical record.
- Be sure diagnosis codes billed are consistent with the medical record documentation. ICD-10 code should be followed by a written-out description.
  Example: I10, Essential Hypertension

Unconfirmed Diagnosis

- **Do not code** unconfirmed diagnoses such as probable, possible, suspected, working diagnosis.



Florida Blue
Your Health Solutions Partner

ICD10-CM Guidelines

The Top Conditions | Obesity & BMI Documentation & Coding

Florida Blue

Your Health Solutions Partner

Best Documentation Practices: Obesity & BMI

Subjective

In the **Subjective** section of the office note, document the presence of current symptoms (e.g., increased weight, increased BMI, increased waist circumference, etc.) related to obesity, morbid obesity, overweight, etc.

Objective

The **Objective** section should include:

- Documentation of the patient's height, weight and BMI. (The medical coder is not allowed to use the patient's documented height and weight to calculate the BMI and assign a corresponding ICD-10-CM code. Rather, the provider must specifically document the BMI in the medical record.)8
- Describe to the highest specificity any current associated observations (e.g., "the patient is morbidly obese.")

Assessment

In the **Assessment** section,

- Document the overweight or obesity diagnosis to the highest level of specificity, as in "morbid obesity," "severe obesity," "obesity due to excess calories," etc.
- Comorbid conditions: Document clear linkage between underlying conditions that caused the overweight or obesity condition and between the BMI and other diagnoses for which the BMI has significance.

Plan

- Document a clear and concise treatment plan (e.g., referral to nutritionist; patient education related to the obesity condition with information regarding healthy eating plan and increasing physical activity; plan for return follow-up; etc.).

Coding Basics: Obesity & BMI

Significance of BMI

- Code assignment for BMI may be based on medical record documentation from clinicians who are not the patient's provider, since this information is typically documented by other clinicians involved in the care of the patient (e.g., a dietitian often documents BMI)
- However, the associated primary diagnosis (such as overweight, obesity, diabetes mellitus, etc.) must be documented by the patient's provider during an acceptable encounter type with the patient. If there is conflicting medical record documentation, either from the same clinician or different clinicians, the patient's attending provider should be queried for clarification.
- BMI codes are reported only as secondary diagnoses in association with a primary diagnosis for which the BMI has impact on the care, treatment and management and only when the BMI meets the definition of a reportable additional diagnosis (per ICD-10-CM Official Guidelines for Coding and Reporting)
- Principal or first-listed diagnoses are not limited to overweight, underweight or obesity-related conditions.
- A primary diagnosis for which BMI has impact on the care, treatment and management is any primary condition that can be
    a) Improved if the patient loses weight or lowers his/her BMI; or
    b) b) Worsened if the patient gains weight or increases his/her BMI.
- Examples include **but are not limited to** heart disease, diabetes, hypertension, high cholesterol, and sleep apnea.

Coding Basics: Obesity & BMI

Obesity Codes

- Coders should review the complete office note and the specific description of the overweight or obesity-related condition.
- Several codes are used to identify overweight and obesity, including the following:

  - E66.01 Morbid (severe) obesity due to excess calories
  - E66.09 Other obesity due to excess calories
  - E66.1 Drug-induced obesity
  - E66.2 Morbid (severe) obesity with alveolar hypoventilation
  - E66.3 Overweight
  - E66.89 Other obesity, not elsewhere classified
  - E66.9 Obesity, unspecified

- Individuals who are overweight, obese, morbidly obese, etc., are at risk for certain medical conditions when compared to persons of normal weight. Therefore, these diagnoses are always clinically significant and reportable when they are documented and supported in the medical record as current conditions.

AHA Coding Clinic – Obesity designated by class, Fourth Quarter 2024, effective 10/1/24:
Code E66.8-, Other obesity, has been expanded with the creation of subcategory E66.81, Obesity class, which has new codes to specifically identify three classes of obesity, as well as a code to capture other obesity that is not classified elsewhere.

- Providers may document a patient's obesity in terms of an obesity class. A code from subcategory E66.81, Obesity class, is assigned when the class is documented by the provider in the medical record. Coding Clinic, Fourth Quarter 2024 describes the obesity classes for adults with the following parameters:
  - E66.811, Obesity, class 1: BMI of 30 to <35
  - E66.812, Obesity, class 2: BMI of 35 to <40
  - E66.813, Obesity, class 3: BMI of 40 or higher

Additional reminder
Providers use multiple resources and criteria to define and diagnose obesity-related conditions. BMI is a screening tool only; it is not the sole criterion used to diagnose obesity/morbid obesity. Diagnosis code assignment is based on the provider's clinical judgment and corresponding medical record description of the specific obesity condition.

Coding Basics: Obesity & BMI

Coding BMI: Category Z68

Adult BMI codes are used for persons 20 years of age or older and classify as follows:

- Z68.1 Body mass index [BMI] 19.9 or less, adult

Subcategories: (fifth digits required to identify the BMI range within each of these subcategories):

- Z68.2- Body mass index [BMI] 20-29, adult
- Z68.3- Body mass index [BMI] 30-39, adult
- Z68.4- Body mass index [BMI] 40 or greater, adult

Obesity in children and adolescents is classified differently and is based on age and gender specific percentiles:

- Class 1 obesity is BMI>95th percentile
- Class 2 obesity is BMI>120% of the 95th percentile
- Class 3 obesity is BMI>140% of the 95th percentile

Knowledge Application – Case Review

The Top Conditions | Obesity & BMI Documentation & Coding

Florida Blue
Your Health Solutions Partner

Case Review #1
Insufficient Documentation & Coding

Reason for Appointment:
HIV Follow up
History of Present Illness:
Patient is 34 y/o male seen for f/u HIV care and evaluation of health status.
Patient reports medication adherence and has no missed doses since last visit.
Patient is complaining of having frequent headaches. He is driving a lot at night.
No other complaints voiced.
Current Medications:
Biktarvy 50 mg-200 mg-25 mg tablet 1 tablet by mouth 1 time a day
Metformin 500mg 1 tablet by mouth twice a day

Past Medical History:
HIV r/t PCP
Hyperlipidemia
Diabetes
Review of Systems
Constitutional: Constitutional: no significant weight gain or loss and no fever, chills, malaise, night sweats, or exercise intolerance.
Eyes: Eyes: no vision change.
ENMT: Nose: no nose problems. Mouth/Throat: no sore throat.
Cardiovascular: no chest pain or ankle swelling.
Respiratory: Respiratory: no cough, wheezing, or shortness of breath.
Gastrointestinal: Gastrointestinal: no nausea, vomiting, or abdominal pain.
Genitourinary: Genitourinary: no difficulty urinating.
Musculoskeletal: Musculoskeletal: no muscle aches or weakness.
Integumentary: Skin: no change in skin color.
Neurologic: Neurologic: no weakness or numbness.
Psychiatric: Psych: no depression or sleep disturbances.

Case Review #1 (continued)
Insufficient Documentation & Coding

Vital Signs
Ht 72 in, Wt 299 lbs, BP 130/90 mm, HR 84/min, RR 16/min, Temp 98.0 F, Oxygen sat 97%

Physical Examination
Constitutional: General Appearance: well-nourished, well-developed, and appears stated age. Level of Distress: comfortable.
Psychiatric: Mental Status: alert and normal affect. Orientation: oriented to time, place, and person. Insight: good judgment.
Eyes: Lids and Conjunctivae: non-injected, anicteric, and no discharge.
ENMT: Ears: no lesions on external ear and TMs clear. Nose: no lesions on external nose or nasal discharge and nares patent. Oropharynx: moist.
Neck: Neck: trachea midline and no masses. Cervical Lymph Nodes: non tender or not enlarged. Thyroid: not enlarged or nontender.
Lungs: Respiratory Effort: unlabored. Chest Exam: no thoracic deformity or chest wall tenderness. Auscultation: no wheezing or rales and clear.
Cardiovascular: Rate and Rhythm: regular. Heart Sounds: normal S1. Extremities: no cyanosis or edema.

Assessments and Treatment
1. AIDS – **B20** **CORRECT/ADDED**
   Continue Biktarvy 50 mg-200 mg-25 mg tablet 1 tablet by mouth 1 time a day – **Z79.899** **CORRECT/ADDED**
2. Dyslipidemia, diet controlled – **E78.5** **CORRECT/ADDED**
3. T2DM, well controlled – **E11.9** **CORRECT/ADDED**
   Metformin 500mg 1 tablet by mouth twice a day – **Z79.84** **CORRECT/ADDED**
4. BMI, 40.5 – **Z68.41** **INCORRECT/DELETE**
   Rationale: The medical coder is not allowed to use the patient's documented height and weight to calculate the BMI and assign a corresponding ICD-10-CM code. Rather, the provider must specifically document the BMI in the medical record.

Case Review #2
Insufficient Documentation & Coding

Reason for Appointment:
Annual Examination

History of Present Illness:
Patient is a 52 y/o male who is here to follow-up on the following:
DM : Seeing Endo, Taking Xigduo and Mounjaro
HTN : Well controlled on current dose of lisinopril-HCTZ
HLD: Still taking his atorvastatin and watching his diet

Current Medications:
Mounjaro 5 mg/0.5 mL
Atorvastatin 20 mg tablet Take 20 mg total 1 tablet by mouth daily
Lisinopril-hydrochlorothiazide 20-12.5 mg per tablet Take 1 tablet by mouth daily
Xigduo XR 5-1,000 mg Take 2 tablets by mouth daily

Past Medical History:
Diabetes Mellitus, Type 2
Hypertension
Mixed hyperlipidemia

Review of Systems
Constitutional: Negative for chills and fever.
Respiratory: Negative for cough and shortness of breath.
Cardiovascular: Negative for chest pain.
Endocrine: Diabetes.
Genitourinary: Negative for dysuria and frequency.
Musculoskeletal: Negative for back pain and neck pain.
Neurological: Negative.
All other systems reviewed and are negative.

Vital Signs
BP:122/82, Pulse: 80, Resp:16, Temp: 97.9 °F, SpO2: 98%,
Height: 5’9, Weight: 277, BMI: 40.9

Case Review #2 (continued)
Insufficient Documentation & Coding

Physical Examination
General Appearance: alert, pleasant, in no acute distress, well nourished. Obese.
Heart: no clicks, no murmurs, rubs, gallops, S1, S2 normal, RRR.
Lungs: clear to auscultation bilaterally, good air movement, no wheezes, rales, rhonchi.
Abdomen: bowel sounds present, no hepatosplenomegaly, no masses, soft, nontender, nondistended.
Psych: Normal mood and affect.

Assessments and Treatment
1. Annual Physical Exam without abnormal findings – **Z00.00** **CORRECT/ADDED**
   Order:
   CBC AND AUTOMATEDDIFFERENTIAL RFLX MANUAL DIFF
   COMPREHENSIVE METABOLICPANEL (CMP), SERUM
   HEMOGLOBIN A1C (HBA1C)
   PROSTATE SPECIFIC ANTIGEN (PSA)
   LIPID PANEL WITH LDL:HDL RATIO, SERUM/PLASMA
2. Mixed hyperlipidemia – **E78.2** **CORRECT/ADDED**
   Continue Atorvastatin 20 mg tablet Take 20 mg total 1 tablet by mouth daily
3. Hypertension – **I10** **CORRECT/ADDED**
   Continue Lisinopril-hydrochlorothiazide 20-12.5 mg per tablet Take 1 tablet by mouth daily
4. T2DM without complications – **E11.9** **CORRECT/ADDED**
   Continue Mounjaro 5 mg/0.5 mL – **Z79.85** **CORRECT/ADDED**
   Continue Xigduo XR 5-1,000 mg Take 2 tablets by mouth daily – **Z79.84** **CORRECT/ADDED**
5. BMI, 40.9 – **Z68.41** **CORRECT/ADDED**
6. Obesity – **E66.01** **INCORRECT/DELETE**

Rationale: The correct code in this scenario is **E66.9**. The coder is not allowed to apply a clinical interpretation to the recorded weight and BMI or to change the provider's final impression to "morbid obesity."

Case Review #3
Insufficient Documentation & Coding

Reason for Appointment:
F/u-hyperglycemia

History of Present Illness:
56 y/o patient is here today to follow up on recent fasting blood sugars ranging 150-250. Patient is currently on Metformin. Patient has an appointment with endocrinology next month and is also due for a diabetic eye exam. Diet discussed with patient about monitoring blood sugars.

Current Medications:
Metformin (GLUCOPHAGE) 500 mg tablet take 1 tablet by mouth two times a day

Past Medical History:
DM
Brain tumor

Review of Systems
General: Denies change weight, denies changes of appetite, denies night sweats or chills.
Eyes: Denies change in visual acuity
Respiratory: Denies cough or shortness of breath
Cardiac: Denies chest pain, edema, palpitations, orthopnea or paroxysmal nocturnal dyspnea.
Gastrointestinal: Denies abdominal pain, nausea, vomiting, diarrhea or bloody stools
Genitourinary**:** Denies dysuria, frequency, difficulty urinating or dark urine

Vital Signs
BP 110/60, Pulse 78, Temp 97.9, Resp 18, Ht 6'2, Weight 327, BMI: 42.0, SpO2 100%

Case Review #3 (continued)
Insufficient Documentation & Coding

Physical Examination
Constitutional: No acute distress. Mentally alert, cooperative. Obese.
Neck: Normal range of motion, No tenderness, Supple, No lymphadenopathy, No bruits.
Cardiac: Regular rhythm. S1 and S2 physiologically split. No gallops, rubs or murmurs.
Pulmonary/Chest: Normal breath sounds. No respiratory distress. No wheezing. No crackles or rhonchi.
Abdomen: Bowel sounds normal, soft, no tenderness, no masses, no distended.
Extremities: no edema
Skin: Warm and dry. No erythema. No rash.

Assessments and Treatment
1. Diabetes Mellitus, uncontrolled, hyperglycemia – **E11.65** **CORRECT/ADDED**
   Continue Metformin (GLUCOPHAGE) 500 mg tablet take 1 tablet by mouth two times a day – **Z79.84** **CORRECT/ADDED**
2. Obesity, class 3 – **E66.813** **CORRECT/ADDED**
   Rationale: Class 3 (high risk) obesity is characterized by a BMI that is equal to or greater than 40. Category E66 includes an instructional note advising to use an additional code to identify the BMI if known.
3. BMI 42.0 – **Z68.41** **CORRECT/ADDED**

Case Review #4
Insufficient Documentation & Coding

Reason for Appointment: F/u

History of Present Illness:
Patient is a 36 y/o female who is here to follow up on the following:
HTN: Patient has been taking medication and denies side effects. Blood pressure has been well controlled. No chest pain or other cardiovascular symptoms.
DM: Patient has been taking medications as prescribed. Patient denies side effects from current medications. Patient denies episodes of hyperglycemia or hypoglycemia. Patient denies polydipsia, polyuria, or involuntary weight loss.
Dyslipidemia: Taking statin. No complaints of muscle pain or other side effects from medication.
Hypothyroidism: Ptatientis taking medication. No complaints. No hair loss, constipation, dry skin, or edema.

Current Medications:
Amlodipine 5mg 1 tablet once a day
Atorvastatin 20mg 1 tablet once a day
Irbesartan 150 mg 1 tablet once a day
Levothyroxine 125 mcg 1 tablet once a day
Metformin 850mg 1 tablet twice a day
Hydrochlorothiazide 12.5mg 1 tablet once a day

Past Medical History: Hypertension, Diabetes, Hyperlipidemia, Hypothyroidism

Review of Systems
Cardiovascular: Pateint denies CXP,SOB, palpitations, leg swelling.
Respiratory: Please refer to HPI.
Gastrointestinal: Patient denies abdominal pain, N/V/heartburn.
Psychiatry: Patient denies anxiety, depression.

Case Review #4 (continued)
Insufficient Documentation & Coding

Vital Signs

Ht 5ft8in, Weight 244 lbs, BMI 37.1, BP 138/67 mm Hg, HR 68/min, RR 17 /min, Temp 97.6 F, Oxygen sat 95%

Physical Examination

General Appearance: alert, pleasant, in no acute distress, well nourished.
Heart: no clicks, no murmurs, rubs, gallops, S1, S2 normal, RRR.
Lungs: clear to auscultation bilaterally, good air movement, no wheezes, rales, rhonchi.
Abdomen: bowel sounds present, no hepatosplenomegaly, no masses, soft, nontender, nondistended.
Psych: Normal mood and affect.

Assessments and Treatment

1. Hypertension (essential) – **I10** **CORRECT/ADDED**
   Continue Amlodipine 5mg 1 tablet once a day
   Continue Irbesartan 150 mg 1 tablet once a day.
   Continue Hydrochlorothiazide 12.5mg 1 tablet once a day
2. Dyslipidemia – **E78.5** **CORRECT/ADDED**
   Continue Atorvastatin 20mg 1 tablet once a day
3. Hypothyroidism – **E03.9** **CORRECT/ADDED**
   Continue Levothyroxine 125 mcg 1 tablet once a day – **Z79.890** **CORRECT/ADDED**
4. Diabetes without complications – **E11.9** **CORRECT/ADDED**
   Continue Metformin 850mg 1 tablet twice a day – **Z79.84** **CORRECT/ADDED**
5. BMI 37.1 – **Z68.37** **CORRECT/ADDED**
   Rationale: BMI is assigned since the BMI will impact the care, treatment and management of the comorbid conditions (diabetes, hypertension, and dyslipidemia).

Additional Education Available

The Top Conditions | Obesity & BMI Documentation & Coding

Florida Blue

Your Health Solutions Partner

Help Us Help You!

You pick, we teach!

Our ACA Risk Adjustment Provider Education Team

is here to support your learning!

Current Training Offered:

- Commercial Risk Adjustment 101
- Top Conditions Series
  - Asthma/COPD
  - Autoimmune Disease
  - Cancer
  - Cardiac Arrhythmia
  - Congestive Heart Failure
  - Diabetes Mellitus
  - HIV
  - Major Depression and Bipolar Disorders
  - Obesity and BMI
  - Seizure Disorders
- Supplemental Claims Submission
- Provider Vista

ACA Risk Adjustment Operations Provider Initiatives

Christina Medrano
Sr. Director
ACA Risk Adjustment Operations
Christina.Medrano@bcbsfl.com

Amy Keifer
Sr. Manager
Provider Initiatives
Amy.Keifer@bcbsfl.com

Natalie Casale
Risk Adjustment
Provider Educator II
Natalie.Casale@bcbsfl.com

Isabel de Obarrio Manzini
Risk Adjustment
Provider Educator I
Isabel.deobarriomanzini@bcbs.fl.com

Florida Blue's Commercial Risk Adjustment Provider Educators are available for additional training, education, and support.

Email: CRAprovidereducationTeam@bcbsfl.com

Florida Blue
Your Health Solutions Partner

Thank You!

Florida Blue

Your Health Solutions Partner