## In this Issue
*Coding and Billing*
*Obesity- Morbid*
*Obesity-BMI*

### Contact Us

Ann Peterson, Quality Assurance Coding Mgr.
Email: ann.p@adobecw.com

Gail Lara, VP Strategic Outreach & Comm.
gail.l@adobecw.com

Amanda Irizarry, Physician Engagement Mgr.
amanda.i@adobecw.com

PhysicianEngagement@adobecw.com
Telephone: 520.233.7111, ext 455
Fax: 928.583.7099

**wellcare** By **allwell.**

**For access to & information on how to use the Wellcare by Allwell provider portal, please visit:**

**https://www.azcompletehealth.com/providers/resources/claims-payment.html**

**For questions or more information on Quality, please reach out to:**

**QIProviderOutreach@azcompletehealth.com**

## CODING AND BILLING OBESITY-MORBID OBESITY-BMI

For all risk adjustment models it is imperative that the provider evaluates and documents all chronic conditions to the highest level of specificity on an annual basis. However, it is equally important that the providers documentation is coded and billed properly. It is the coding and billing process that reports the condition to CMS which makes it extremely important to code and bill to the highest specificity possible from the provider documentation. This will ensure the highest level of care for all patients.

### CODING BODY MASS INDEX (BMI)

1. BMI diagnosis codes are secondary codes that require a primary diagnosis to be documented by the provider and coded anytime a BMI is reported on a claim.
2. The provider must document a clinical condition related to BMI as the primary diagnosis (Official Guidelines for Coding and Reporting, SectionI.B.14) i.e., overweight, obesity, morbid obesity, malnutrition, cachexia, abnormal weight loss or gain.
3. Obesity and morbid obesity are always clinically significant and reportable when documented by the provider. If documented, the BMI may be coded in addition to obesity or morbid obesity even in the absence of additional documentation by the provider.
4. If the provider documents overweight without additional documentation to support the clinical significance for this condition, neither the BMI or overweight should be coded. While overweight may place a patient at increased risk for certain medical conditions, it doesn't automatically meet the definition of a reportable diagnosis.
5. While BMI is used for a screening tool for patients who are overweight or obese, there is no coding rule that defines what BMI values correspond to obesity or morbid obesity. The coder should rely on the provider specific documentation when coding these conditions and not the value of the BMI.

### CODING OBESITY-MORBID OBESITY

1. If the provider documents morbid obesity but there is no BMI value documented, can morbid obesity be coded?
   ✓ Yes, morbid obesity is a clinical judgement of the provider and does not require a specific BMI value to be coded.
2. If a BMI value is documented but neither obesity/morbid obesity are documented, can obesity/morbid obesity be coded from the BMI?
   ✗ No, neither obesity or morbid obesity can be coded from a BMI value. The provider must specifically diagnosis and document these conditions in order to be coded.

3. Obesity/morbid obesity has been documented in the history and physical portion of the medical record without additional documentation by the provider to indicate the condition was assessed during the encounter, can obesity/morbid obesity be coded?
   ✓ Yes, Per Coding Clinic both obesity/morbid obesity are considered clinically significant and reportable even in the absence of a documented status or plan of care.
4. The provider has documented "severe obesity", can morbid obesity be coded?
   ✓ Yes, per ICD-10 Alphabetic Index obesity documented as "severe" should be coded as morbid obesity.
   Obesity >- severe = E66.01, morbid obesity.