



Obesity: Management & HCC Coding

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Obesity Discussion Objectives



By the end of this didactic session the learner should be able to

- Define weight classification based on BMI
- Describe the impact of morbid obesity on health outcomes
- Manage obesity through behavior modification of nutrition, diet, and physical activity
- Describe the role of a dietitian in managing patients' weight
- Describe management strategies with medications that are approved to be used for Weight Loss
- Describe the criteria for referring patients for bariatric surgery
- Describe financial impacts of correctly coding for morbid obesity & severe obesity with comorbidities
- Demonstrate ability to correctly code for obesity HCC codes

Obesity Morbidity & Mortality



- Higher the BMI the greater the risk of morbidity & mortality
- Associated health risks
 - Cardiovascular disease
 - T2 DM
 - Cancers
- Negative quality of life: physical functioning, mobility, & overall life expectancy
- Contributing environmental factors

Obesity Management: Nutrition



Nutrition Pearls

- RDs discuss effective approaches for delivering **client-centered** nutrition intervention for adults for overweight or obesity concerns
- Ensure **meeting nutritional needs** with reduced caloric intake for improved weight loss outcomes
- **Discuss SMART Goals**
- **Shared** decision making
- Discuss behavioral strategies - **mindfulness and self-monitoring**
- Stress **importance** of regular physical activity - *joyful movement!*

Obesity Management: Nutrition

Nutritional Resources



Group Programs TOPS (Taking Off Pounds Sensibly)	Publications Environmental Nutrition Center for Science in Public Interest	Websites Eatright.org Myplate.gov Amihungry.com forkoverknives.com
Books Simply Food Remedies by Joy Bauer, RD Body Kindness by Rebecca Scritchfield Eat What You Love and Love What You Eat by Michelle May, MD	Apps My Net Diary Fat Secret My Fitness Pal Cronometer Food Educate Figwee	Multi-Resource Organization Weight Watchers

Obesity Management: Nutrition



Takeaways

1. Those who think they have no time for healthy eating will sooner or later have to find time for illness
2. Every time you eat or drink, you are either feeding disease or fighting it!
3. Don't eat less, eat right!
4. Don't count calories instead make calories count!

Obesity Management: Physical Activity & Exercise



- Exercise ALONE
 - Modest Weight Reduction
- Recommended Aerobic and Resistance Training
- Exercise Program
 - Tailor to Patients Health & Physical Condition

Weight Management: Physical Activity & Exercise



Weight Loss Goal Energy Expenditure

- 1000 to 1200 calories per week, or approximately 150 calories per day

Weight Loss Maintenance

- >60 minutes per day of Moderate-Intensity Activity



Medication Therapy

Laura Bielecki PharmD, BCACP, CDCES, MBA

August 17, 2023

Glucagon-Like Peptide 1 (GLP-1) Agonist



Indication adults with a BMI $\geq 27\text{kg/m}^2$ with weight associated comorbidities (i.e. HTN, T2DM, or dyslipidemia)
OR BMI $\geq 30\text{kg/m}^2$

Mechanism of Action binds and activates the GLP-1 receptor causing enhanced insulin secretion, slowed gastric emptying, reduction of food intake, and promotion of beta cell proliferation

Available Products	Efficacy	Discontinuation	Adverse Reactions	Precautions	Contraindications
Wegovy® (Semaglutide)	after 68 weeks, weight loss of up to 15% of baseline body weight was achieved 85% of patients achieved greater than 5% weight loss	no guidance has been provided for discontinuation due to lack of results	<ul style="list-style-type: none">• acute pancreatitis• acute gallbladder disease• hypoglycemia• acute kidney injury (AKI)• hypersensitivity• nausea• vomiting• abdominal pain	<ul style="list-style-type: none">• breast-feeding• cholelithiasis• depression• pancreatitis• pregnancy• renal failure• suicidal ideation• thyroid cancer	<ul style="list-style-type: none">• medullary thyroid carcinoma• thyroid C-cell tumors• multiple endocrine neoplasia syndrome type 2
Saxenda® (Liraglutide)	56% of patients lost $\geq 5\%$ of their baseline body weight after 1 year of use	discontinue use if patient has not achieved 4% weight loss after 16 weeks of treatment			

Glucagon-Like Peptide 1 (GLP-1) Agonist



Wegovy® (semaglutide)	Saxenda® (liraglutide)
<p>Weeks 1-4 0.25mg SQ once weekly</p> <p>Weeks 5-8 0.5mg SQ once weekly</p> <p>Weeks 9-12 1mg SQ once weekly</p> <p>Weeks 13-16 1.7mg SQ once weekly</p> <p>Weeks 17+ 2.4mg SQ once weekly</p> 	<p>Initial 0.6mg SQ daily for one week Increase dose by 0.6mg/week to a maximum dose of 3mg SQ once daily</p> 

Glucagon-Like Peptide 1 (GLP-1) Agonist

As of August 11, 2023



Wegovy® (semaglutide)

- Anticipated shortages of 0.25mg, 0.5mg and 1mg dose strengths through September 2023
- No current supply interruptions of 1.7mg and 2.4mg dose strengths

Saxenda® (liraglutide)

- No anticipated shortages issues reported per manufacturer

Glucagon-Like Peptide 1 (GLP-1) Agonist



FDA approved GLP-1 Agonists for type 2 diabetes **ONLY**:

- Trulicity® (dulaglutide)
- Ozempic® /Rybelsus® (semaglutide)
- Victoza® (liraglutide)
- Bydureon®/Byetta™ (exenatide)
- Adlyxin™ (lixisenatide)

FDA Approved GLP-1/GIP Agonist for type 2 diabetes **ONLY**:

- Mounjaro™ (tirzepatide)

Avoid use of these agents for diagnosis of obesity **ONLY**

Cost & Coverage



Medicare and Medicaid insurance plans do not typically cover medications for weight loss/obesity

Commercial

- Prior Authorization commonly required
 - Must meet FDA indication for use
 - Documentation of reduced caloric diet and increased physical activity
 - Documentation that patient participates in comprehensive weight management program with follow up
 - Any previous medication trial attempts
- If covered, copay may be high
 - Savings cards available to reduce total cost for brand name prescriptions

*If not covered, goodrx.com savings cards can be used to reduce cost & bypass insurance

Other Medication Therapy



- Phentermine
- Xenical[®] (orlistat)
- Contrave[®] (bupropion and naltrexone)
- Plenity[®]
- Qsymia[®] (phentermine and topiramate)

GLIN Pharmacy Team Services



How do you get in contact?

Pharmacy Phone Number

(716) 800-CARE (2273)

OPT. 4

Pharmacy Email

pharmacy@glin.com

*Work with a GLIN pharmacist for obesity medication management questions

Role of Bariatric Surgery



- Obesity Surgery
 - Best Method for Sustainable Significant Weight Loss
- Associated Reduction of Secondary Comorbid Condition
- Lowers Long-Term Mortality

Indications for Bariatric Surgery:

When to Make the Referral to Bariatric Surgery?



1. Medical and Behavioral Therapy Trials are Ineffective
2. BMI ≥ 35 kg/m² regardless of the presence, absence, or severity of comorbidities
3. BMI between 30.0 & 34.9 kg/m² & T2 DM
4. BMI between 30.0 & 34.9 kg/m²
 - No substantial/sustainable weight loss or comorbidity improvement with non surgical weight loss methods

Obesity Management Case



54 y/o male with PMHx of obesity (BMI 38), CAD, generalized anxiety disorder, and HTN presents for an AWW. Recent blood work was normal with A1c of 5.5. He has had difficulty with weight, despite using weight watchers, Myfitnesspal app along with regular exercise over the last 4 months. He is interested in starting a medication for weight loss.

Which of the following medication regimens is the **BEST** to prescribe at this time?

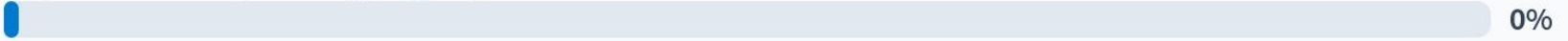
- A. Saxenda®
- B. Phentermine (as a single agent)
- C. Xenical® (orlistat)
- D. Contrave® (bupropion and naltrexone)
- E. Ozempic®/Rybelsus® (semaglutide)

Obesity Management Case

(A) Saxenda



(B) Phentermine (as a single agent)



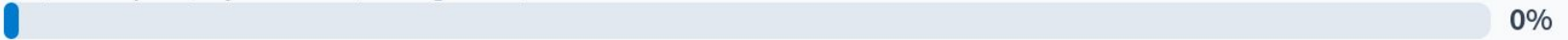
(C) Xenical® (orlistat)



(D) Contrave® (bupropion and naltrexone)



(E) Ozempic® /Rybelsus® (semaglutide)



HCC Coding for Obesity



Why is This Important?

- Accurate portrayal of the patients disease/condition
- Increased reimbursement
 - Shared savings
 - Increased per member per month (PMPM)

Financial Ramifications

Missed Obesity HCC Coding & Documentation



Demographic Risk Score ONLY



Pt ≥65 **without morbid obesity coded** or with use of **E66.9 (obesity unspecified)**

Demographic and Disease Burden Risk Score



Pt ≥65 with **morbid obesity** or **severe obesity** **WITH comorbidities**, with use of **E66.01**

Score difference of 0.225. Increasing risk score will increase CMS payment amount

In value-based care, by NOT having the cost targets accurately reflect the risk of your patients, you can

- Impact your ability to meet cost targets, and
- Reduce the likelihood of earning payment incentives

Weight Classification Based on BMI



Classification	BMI (Principal Cutoff Points)
Normal range	18.50 – 24.99
Overweight	25.0 – 29.99
Obese class I	30.00 – 34.99
Obese class II (Severe obesity)	35.00 – 39.99
Obese class III (Morbid obesity)	Greater than or equal to 40.00

$$\text{BMI} = (\text{Weight}/2.205) / (\text{Height}/39.37)^2$$

HCC Coding for Obesity



E66.01 (Morbid Obesity) = Higher Reimbursement

In order to qualify you need **ALL THREE** of the following:

- E66.01 Code
 - If BMI over 40
 - If BMI 35-40, YOU NEED Comorbidities
- Z68 Code Associated with BMI Obesity Classification
- Documentation: **MEAT**

*This needs to be done EVERY YEAR

Obesity MEAT Example

Discussion of Note



Document Morbid Obesity / Severe Obesity with Comorbidity

Monitor	Evaluate	Assess	Treat
Signs, symptoms, disease progression e.g. Patient has lost 12 lbs in the past two (2) months	Present state of condition e.g. Doing well w/ weight loss medication at this time	Discussion of chronic condition e.g. We discussed the importance of adhering to a healthy diet and getting enough exercise	Care provided for the condition e.g. Up titrated dose of Saxenda

Audit Results



One Office Reviewed

- 8 out of 40 patients (20%) had a missed opportunity for code E66.01
- Mostly **due to lack of documentation**
- Roughly **score of 3.864 in missed opportunities** which directly reflect revenue

BMI Over 40



You need **ALL THREE** of the following

- 1) Morbid obesity E Code: E66.01
- 2) Associated BMI code:
 - a) BMI 40-44.9 = Z68.41
 - b) 45-49.9 = Z68.42
 - c) 50-59.9 = Z68.43
- 3) Documentation regarding Morbid Obesity in EMR
 - a) E.g Morbid obesity: Weight increased by 3 lbs since last visit. Patient unhappy about weight gain. Discussed need for daily activity and making healthy food choices. Prescribed Wegovy® .

BMI 35-39.9



Severe obesity (BMI 35-39.9) can qualify for the Morbid obesity coding weight **IF THERE ARE ASSOCIATED COMORBIDITIES** e.g. hypertension, OSA, PCOS, chronic back pain, arthritis

- 1) Severe obesity with comorbidities: E66.01 (**same code as morbid obesity**)
- 2) Associated BMI code: e.g. BMI of 35-35.9 = z68.35
- 3) Documentation regarding morbid obesity in EMR: e.g. Severe obesity w/ hypertension. Weight down by 8 lbs since starting Saxenda. Blood pressure improved. Tolerating Saxenda well without any side effects or insurance barriers. Discussed continuing with current lifestyle changes. Continue current dose of Saxenda.

Obesity MEAT Documentation



Severe Obesity Plan MACRO

Encouraged Mediterranean diet, reducing calories, and moderate exercise regimen consisting of 150 minutes a week as tolerated. Patient will continue behavior modification with diet and exercise. Continue follow up and monitoring with additional recommendations regarding medical management or bariatric referral as indicated.

GLIN HCC Coding Department



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Obesity HCC Coding Question



55 year old male with PMH of HTN, HLD, T2DM presents for an annual well visit. BMI is 37. Blood pressure is stable. How would you code and document this in your note?

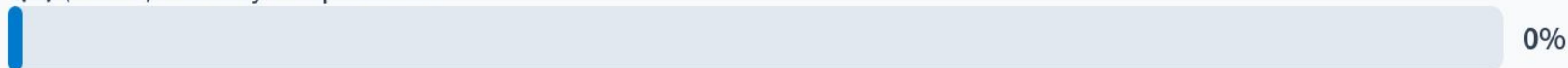
- a. Z68.37 (BMI 37-37.9)
- b. (E66.9) Obesity unspecified
- c. (E66.01) Morbid obesity + Z68.37 (BMI 37-37.9)+ Documentation (MEAT)
- d. (E66.01) Severe obesity with comorbidities + Z68.37 (BMI 37-37.9) + Documentation (MEAT)

Obesity HCC Coding Question 1

(A) Z68.37 (BMI 37-37.9)



(B) (E66.9) Obesity unspecified



(C) (E66.01) Morbid obesity + Z68.37 (BMI 37-37.9)+ Documentation (MEAT)



(D) (E66.01) Severe obesity with comorbidities + Z68.37 (BMI 37-37.9) + Documentation (MEAT)



Obesity HCC Coding Question



62 y/o female with a PMH of CAD, HLD, HTN, and T2DM here for follow up. Patients BMI is 42. Otherwise, Vital signs and exam are normal for this patient.

How would you code and document this in your note?

- a. Z68.41 (BMI 40-44.9)
- b. (E66.01) Morbid obesity + Documentation (MEAT)
- c. (E66.01) Morbid obesity + Z68.41 (BMI 40-44.9) + Documentation (MEAT)
- d. (E66.01) Severe obesity with comorbidities + Z68.37 (BMI 37-37.9) + Documentation (MEAT)

Obesity HCC Coding Question 2

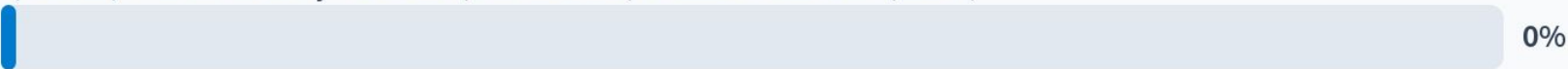
Z68.41 (BMI 40-44.9)



(E66.01) Morbid obesity + Documentation (MEAT)



(E66.01) Morbid obesity + Z68.41 (BMI 40-44.9) + Documentation (MEAT)



(E66.01) Severe obesity with comorbidities + Z68.37 (BMI 37-37.9) + Documentation (MEAT)



Obesity Management Summary



- Higher the BMI the greater the risk of morbidity & mortality, and development of associated comorbid conditions
- Interprofessional approach to counseling on nutrition, diet, exercise & weight loss goals
- GOAL: Long-term change in eating & physical activity
- Multiple medication options for weight loss
- GLP-1 Best Practice: Saxenda[®]/Wegovy[®] exclusive for obesity tx
- Other GLP-1's reserved for Type 2 Diabetes
- Parameters for when to refer to bariatric surgery

HCC Coding for Obesity



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GLIN Website Obesity Resource



Obesity Discussion Post Survey



Complete the Survey for CME!



Thank You



Upcoming Discussions

Topic	Date	Time
CKD & SDOH	September 21, 2023	Noon-1 p.m.
T2DM	November 2, 2023	Noon-1 p.m.

References



- Contento IR. Nutrition Education: Linking Research, Theory, and Practice, 3rd ed, Jones & Bartlett Learning, 2015.
- Dansinger ML, Gleason JA, Griffith JL, et al. Comparison of the Atkins, Ornish, Weight Watchers, and Zone diets for weight loss and heart disease risk reduction: a randomized trial. JAMA 2005; 293:43.
- Piercy KL, Troiano RP, Ballard RM, et al. The Physical Activity Guidelines for Americans. JAMA 2018; 320:2020.
- Eisenberg D, Shikora SA, Aarts E, et al. 2022 American Society for Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO): Indications for Metabolic and Bariatric Surgery. Surg Obes Relat Dis 2022; 18:1345.
- Weight-Loss Prescription Medication | Wegovy® (semaglutide) Injection 2.4 mg. (n.d.). Weight-Loss Prescription Medication | Wegovy® (Semaglutide) Injection 2.4 Mg. <https://www.wegovy.com/>

Additional Reading Resources:

- <https://asdah.org/health-at-every-size-haes-approach/>
- <https://www.aafp.org/family-physician/patient-care/clinical-recommendations/clinical-guidance-obesity.html>
- <https://www.aafp.org/pubs/afp/issues/2023/0100/steps-semaglutide-obesity.html>