

CLINICAL GUIDELINES

Topic	Obesity
Guideline Title/Source	Title: Adult Obesity Guideline <i>Weight Assessment and Management Algorithm</i> Source: HealthTeamWorks
Guideline Link	http://healthteamworks.ebizcdn.com/e2f9247929b404b2fe98ba6f32301e3b
Guideline Original Date	March 14, 2011
Guideline Most Recent Revision Date	N/A
Guideline Summary <i>(Summarize guideline and updated information)</i>	<p>This guideline has helpful tips using the ASK, TELL, ASK approach to assess and help people engage in a weight loss program. It provides helpful clinical assessment of patient's current weight status and medications and habits that may put patient at risk for obesity. There is basic information to help patient assess diet and how to plan for diet changes. Furthermore, exercise is emphasized as a means for weight loss. It also provides means to gauge progress how to advance plan based on status of success.</p> <p>This is very focused on providing practical information in the visit with the patient and developing an action plan with the patient focused on diet and exercise. It does touch base to a minimal amount with the existing medications available at its time of creation- orlistat, phentermine and diethylpropion. It does address bariatric surgery as well as the criteria if BMI is at 40 or above or at 35 or above if there are comorbidities.</p> <p>Both weight loss medications and surgeries are mentioned but the information is admittedly dated. We encourage providers to evaluate the latest FDA approved medications and procedures to help with weight loss.</p>
Guideline Supplemental Sources	N/A
Quality Measures <i>(for the year of QCEC review)</i>	<p><u>Measure Title:</u> Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up</p> <p><u>Program associated with:</u> Medicare Shared Savings Program</p> <p><u>Description:</u> Percentage of patients aged 18 years and older with a documented BMI during the encounter or during the previous six months, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the encounter</p> <p>Normal Parameters: Age 65 years and older BMI ≥ 23 and < 30 Age 18 – 64 years BMI ≥ 18.5 and < 25</p> <p><u>Numerator:</u> Patients with a documented BMI during the encounter or during the previous six months, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the encounter with the BMI outside of normal parameters</p> <p><u>Denominator:</u> All patients aged 18 years and older at the beginning of the measurement period DENOMINATOR EXCLUSIONS: Patients who are pregnant DENOMINATOR EXCEPTIONS: (1) Documentation of medical reason(s) for not having a BMI measurement performed during the measurement period (e.g., patient is receiving palliative care, patient is pregnant or patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status). (2) Documentation of patient reason(s) for not having a BMI measurement performed during the measurement period (e.g., patient refuses BMI measurement (height or weight) or if there is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate).</p> <p><u>What to document:</u> BMI and if BMI is outside of the normal parameters, must document a follow-up plan</p>

Coding and Documentation Tips	Z71.3	Dietary surveillance and counseling
	Z71.89	Other specified counseling (add'l documentation: exercise)
	G0447	Face-to-face behavioral counseling for obesity, 15 minutes
	G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes
	<p>CMS will cover preventive services and counseling for obesity. Requirements for reimbursement include: alert and competent patients with BMI >30, counseling by PCP in primary care setting, dietary assessment, and intensive behavioral counseling and behavioral therapy to promote sustained weight loss through high-intensity interventions on diet and exercise. Multiple visits can be scheduled, according to the following protocol:</p> <ul style="list-style-type: none"> • Medicare covers a maximum of 22 intensive behavioral treatment for obesity sessions in a 12-month period • One face-to-face visit every week for the first month • One face-to-face visit every other week for months 2-6; and one face-to-face visit every month for months 7-12, if the beneficiary meets the 3kg (6.6 pounds) weight-loss requirement during the first six months. 	
HCC Coding and Documentation Tips <i>(for the year of QCEC review)</i>	E66.01	Morbid (severe) obesity due to excess calories
	E66.2	Morbid (severe) obesity with alveolar hypoventilation
	<p>BMI ≥ 40 (Z68.4-) -or- BMI ≥ 35 (Z68.3-) with comorbidities. May use this diagnosis code with BMI 35-39.9 when high risk co-morbid condition results from obesity and note causation: "pt. is morbidly obese causing major depression" or "pt. has DM caused by morbid obesity". Document the patient's condition with a clear diagnosis stating "morbid" or "severe" obesity. Document the BMI when establishing or updating the condition. Document: (BMI 35-39.9) reasons for/against referral for bariatric surgery.</p> <p><i>Use BMI code when coding Morbid (Severe) Obesity. See BMI in Z68.-</i></p>	

QCEC REVIEW: Physician Champion and Approval Dates			
Physician Champion	Dr. Timothy Lewan	Date of QCEC Re-approval:	July 2015
Physician Champion	-	Date of original QCEC Approval:	2013