



MODULE 2

know your numbers

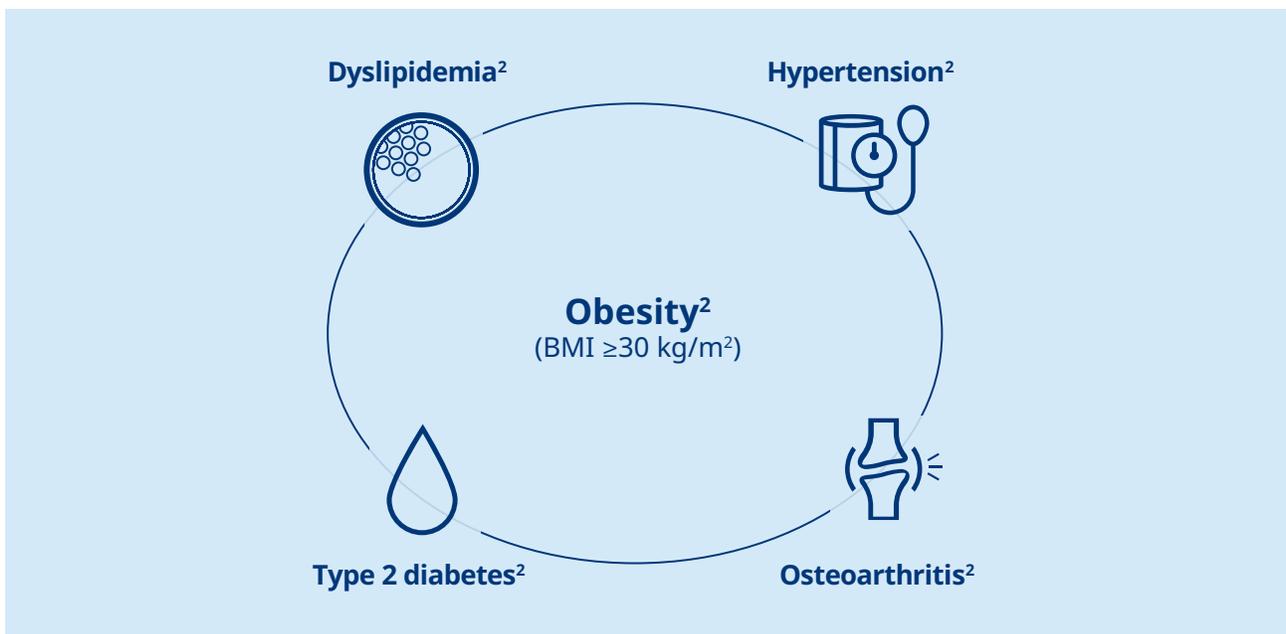
Understanding the impact of obesity in your organization

the **weigh**
forward ▶

Know Your Numbers, Know Your Risk

Obesity has a significant clinical and economic impact because it is associated with many comorbidities.¹ For the health of people affected, it is important to know the combined health risk and the relationship between these risks

- There are **multiple comorbidities** associated with obesity. Some of the most common ones you may see in your claims are¹
 - Dyslipidemia (high cholesterol)
 - Type 2 diabetes
 - Hypertension (high blood pressure)
 - Osteoarthritis
- Consult **health risk assessments or electronic health records (EHRs)** to determine how many people have a body mass index (BMI) indicating obesity and/or evidence of comorbidities
 - The presence of comorbidities **may be a flag** for obesity



You may not be seeing obesity in your claims data.

Understanding BMI and How It Is Calculated

BMI is the primary method for identifying people with obesity or overweight. It provides a more accurate measure of total body fat compared with body weight alone²

Calculating BMI as follows²

$$\text{BMI} = \frac{\text{Weight (kg)}}{\text{Height squared (m}^2\text{)}}$$

If pounds and inches are used²

$$\text{BMI} = \frac{\text{Weight (kg)} \times 703}{\text{Height squared (m}^2\text{)}}$$

Defining overweight and obesity²



BMI

25-29.9 kg/m²
Overweight

30-34.9 kg/m²
Obesity Class 1

35-39.9 kg/m²
Obesity Class 2

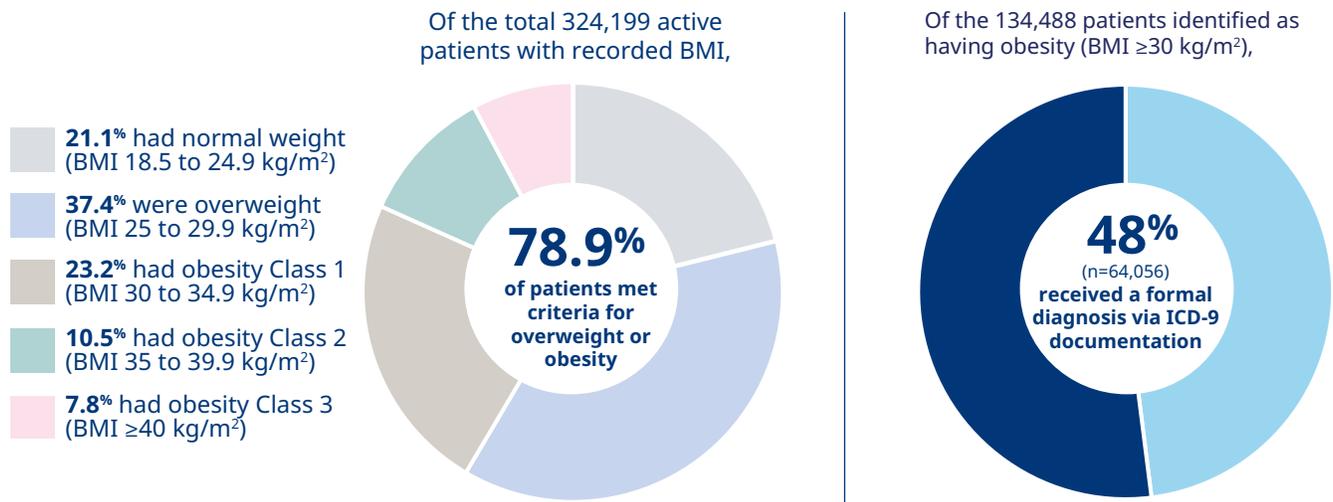
≥40 kg/m²
Obesity Class 3

In most EHRs, a patient's BMI is autogenerated from height and weight measurements obtained during the visit³

- Diagnoses of obesity are always clinically significant and should always be reported
- Physicians generally do not report a diagnosis of overweight without the presence of weight-related comorbidities

Despite Its High Prevalence, Obesity Remains Underdiagnosed

According to an analysis of EHR data from a large US integrated health system⁴



“Underdiagnosis and failing to recognize obesity as a treatable, chronic disease with serious health consequences are important barriers to effective management.”⁴

– Pantalone et al



What Are the ICD-10 Codes Associated With Obesity?⁵

Commonly reported codes

Description	Code
Obesity, unspecified	E66.9
Morbid (severe) obesity due to excess calories	E66.01

Other obesity-related codes

Description	Code
Obesity due to excess calories	E66.0
Morbid (severe) obesity due to excess calories	E66.01
Other obesity due to excess calories	E66.09
Drug-induced obesity	E66.1
Morbid (severe) obesity with alveolar hypoventilation	E66.2
Overweight	E66.3
Other obesity	E66.8

Counseling codes

Description	Code
Dietary counseling and surveillance	Z71.3
Other specified counseling	Z71.89

Coding for BMI ≥ 40 kg/m²

Description	Code
Body mass index (BMI) 40.0–44.9, adult	Z68.41
Body mass index (BMI) 45.0–49.9, adult	Z68.42
Body mass index (BMI) 50.0–59.9, adult	Z68.43
Body mass index (BMI) 60.0–69.9, adult	Z68.44
Body mass index (BMI) 70 or greater, adult	Z68.45

Screening codes

Description	Code
Encounter for screening for diabetes mellitus	Z13.1
Encounter for screening for nutritional, metabolic and other endocrine disorders	Z13.2
Encounter for screening for nutritional disorder	Z13.21
Encounter for screening for metabolic disorder	Z13.22
Encounter for screening for lipid disorders	Z13.220
Encounter for screening for other metabolic disorders	Z13.228
Encounter for screening for other suspected endocrine disorder	Z13.29

ICD-10=International Classification of Diseases, Tenth Revision.

ICD-10 Codes for Common Comorbidities Associated With Obesity⁵



Dyslipidemia

Classified to category E78 and includes

- Pure hypercholesterolemia: E78.0
- Pure hyperglyceridemia: E78.1
- Mixed hyperlipidemia: E78.2



Type 2 Diabetes

Classified to category E11 and includes type 2 diabetes with and without manifestations such as

- Neuropathies
- Circulatory complications
- Ophthalmic complications



Osteoarthritis

Classified to categories M16–M19



Hypertension

Classified to category I10

Action Steps for Employers



Verify that obesity measurement is part of your organization's annual workforce health risk assessments.



Measure obesity along with other common and easy-to-recognize comorbidities of obesity (dyslipidemia, type 2 diabetes, hypertension, and osteoarthritis).



Review results from obesity measurement of your workforce to understand the total cost impact of direct medical expenses, disability, and absenteeism/presenteeism.



Evaluate the comprehensiveness of your organization's obesity-management strategy to determine opportunities to maximize effectiveness, such as

- Adding an anti-obesity medication (AOM) rider as part of your benefits (**see Module 3**)
- Onsite work initiatives (**see Module 4**)
- Ways your organization can become an advocate for obesity management (**see Module 4**)

Action Steps for Health Systems



Verify that obesity is measured and captured appropriately as part of the standard patient examination within your EHR system.



Measure obesity along with other common and easy-to-recognize comorbidities of obesity in your patient population.

For patients **with a primary diagnosis of a weight-related comorbidity** such as hypertension, type 2 diabetes, or dyslipidemia, ensure that a **BMI ≥ 27 kg/m²** includes clinical alerts to determine the feasibility of an intervention with AOMs.¹

For patients who **have not been diagnosed with a weight-related comorbidity** such as hypertension, type 2 diabetes, or dyslipidemia, ensure that a **BMI ≥ 30 kg/m²** includes clinical alerts to determine the feasibility of an intervention with AOMs.¹

- These recommendations reflect the **FDA-approved indication** for AOM therapy¹



Review results from obesity measurement of your patient population to understand the total cost impact of direct medical expenses.



Evaluate the comprehensiveness of your health system's obesity-management strategy to determine opportunities to maximize effectiveness, such as

- Ensuring appropriate coding of obesity and comorbidities (**see slides 5 and 6 in this module**)
- Implementing a clinical pathway for obesity management (**see Module 3**)
- Advocating for obesity management (**see Module 4**)

References: **1.** Garvey WT, Mechanick JI, Brett EM, et al; Reviewers of the AACE/ACE Obesity Clinical Practice Guidelines. American Association of Clinical Endocrinologists and American College of Endocrinology comprehensive clinical practice guidelines for medical care of patients with obesity. *Endocr Pract.* 2016;22(suppl 3):1-203. **2.** National Institutes of Health. National Heart, Lung, and Blood Institute. *The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults.* NIH Publication No. 00-4084. https://www.nhlbi.nih.gov/files/docs/guidelines/prctgd_c.pdf. Accessed January 14, 2022. **3.** Bernard SP. Let's get on the same page when coding BMI and obesity. AAPC website. <https://www.aapc.com/blog/45879-lets-get-on-the-same-page-when-coding-bmi-and-obesity/>. Published February 27, 2019. Accessed January 14, 2022. **4.** Pantalone KM, Hobbs TM, Chagin KM, et al. Prevalence and recognition of obesity and its associated comorbidities: cross-sectional analysis of electronic health record data from a large US integrated health system. *BMJ Open.* 2017;7:e017583. **5.** ICD-10-CM Tabular List of Diseases and Injuries. https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2021/. Accessed January 14, 2022.

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