

Internal Medicine Coding Alert

READER QUESTIONS: Get the Lowdown on Tricky New BMI Codes

Question: CMS has added 18 new V codes to test for body mass index in 2006. How will this affect IM offices?

New York Subscriber

Answer: Although CMS has yet to release coding guidelines for the body mass index (BMI) V codes (V85.0-V85.4), the agency most likely intends to use them for information only. Even so, the codes could lead to denials, so be sure to avoid assigning them if they are not related to the current condition the internist is treating.

Reason: Many insurers don't cover obesity-related conditions. Adding V85.0-V85.4 to a claim simply because the physician states the patient's BMI in the notes may give the carrier leverage to deny the claim as an "uncovered obesity service."

Most patients won't present to an internal medicine office because they're concerned about their BMI of 39, unless your internist is treating the patient for weight management. Even in those circumstances, you'd be better off reporting a more specific and appropriate ICD-9 code, such as 278.0x (Obesity) or V65.3 (Dietary surveillance and counseling).

In rare instances you may find the V codes appropriate if the internist prescribes a patient medication that only persons over a certain weight can take. Also, if your physician orders gastric bypass surgery for a patient, citing a BMI code (for example, V85.39, Body mass index 39.0-39.9, adult) could help justify the treatment.