

Part B Insider (Multispecialty) Coding Alert

DIAGNOSIS CODING: New Overweight, BMI Codes Useful For Bariatric Surgery

But most doctors don't list body mass index on patient's charts

If you're having trouble justifying gastric-bypass or other bariatric surgery to carriers, then the new weight-related diagnosis codes could be just what you need.

Starting Oct. 1, the ICD-9 diagnosis code set will include a code for "overweight" (278.02) and 18 new codes for assigning adult body mass index (BMI). "Those will be very helpful," says **Lisa Frye**, coder with Hickory, NC-based **Hickory Surgical Clinic** in Hickory, which performs bariatric surgeries.

Not only will the new codes be helpful in providing the patient's BMI to payers when justifying bariatric surgeries, but they'll also provide tremendous help in justifying the initial consult, says Frye.

Right now, noting a patient's BMI on the claim form is a lot harder, says **Mary Lou Walen**, coding expert with the **Bariatric Surgery Association**. "That is great news," she says about the new codes. She assumes coders now normally list 278.1 (Morbid obesity) on the claim, followed by the appropriate V-code for BMI.

Not so fast: But don't expect doctors to start putting the patient's BMI on the chart, warns coder **Cathy Satkus** with **Harvard Family Physicians** in Tulsa, OK. Even when the doctor notes the patient's body mass, he or she usually won't mark it on the superbill. Doctors won't start noting this information unless payers start requiring it for more conditions, Satkus predicts.

Including the patient's BMI on claims for surgical procedures where where obesity is a factor might be a good idea, notes **Anne Karl**, coder with **St. Paul Heart Clinic** in St. Paul, MN. Obesity isn't a factor for every surgical patient, but it might be worth noting if the surgeon feels it's a complicating factor.

"I can't see us educating the physicians ... to give us the BMI when it's a factor," admits Karl, "because it's not a key indicator." But her practice has incentive programs with some payers built around programs like smoking cessation or lifestyle management, and BMI might be a useful factor for identifying target patients.