



AUSTIN  
BUSINESS GROUP  
— ON HEALTH —

The logo features the word "AUSTIN" in a serif font, with "AUST" in blue and "IN" in red. A blue five-pointed star is positioned above the letter "I". A thick red swoosh curves across the word "AUSTIN". Below this, the words "BUSINESS GROUP" are written in a black serif font. At the bottom, the phrase "ON HEALTH" is centered between two horizontal lines.

# Agenda

- Announcements & Introductions
- ABGOH Presentation, sponsored by Novo Nordisk
  - COVID-19 and its Impact on Diabetes and Obesity Patients: What we know now!
  - Questions & Answers
- ABGOH Member Highlight - TxDOT
  - Pivoting Your Wellness Program During COVID-19
  - Questions & Answers
- Closing Remarks

# Announcements

- Thanks for joining our first virtual ABGOH Meeting
- Mute/Unmute yourself (Alt+A)
- Use the chat box for questions

Moderators for today's meeting include:



Claire Hahn – ABGOH Chair



Mary Faria – MHFC Chair

# A word from our Sponsor:



**Cecilia M. Sheeren**

Senior Regional Account Manager

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# A word from our Sponsor:



A guide to help navigate weight management and anti-obesity medication (AOM) coverage in your organization

### Inside you can find:

- Information about the impact of obesity
- Helpful tips and resources for your organization
- A step-by-step guide that ensures your health benefits and pharmacy plans cover AOMs



## Diabetes and COVID-19 What you need to know



### What is COVID-19?

Coronavirus (COVID-19) is a virus that causes respiratory illness. It can spread from person to person. Common symptoms include:



### Are you at risk because you have diabetes?

People with diabetes, particularly if not well controlled, may be at increased risk of developing severe illness from COVID-19. If you have other conditions, like heart disease, as well as diabetes you may have more risk of getting seriously sick from COVID-19.



### How can you protect yourself?

To protect yourself and stop the spread of infection:



The CDC recommends people with diabetes closely follow their diabetes care plan for better blood sugar control

### How can you prepare for if you get sick?

Gather supplies needed to manage your diabetes:

- Blood sugar testing supplies
- Ketone testing supplies
- Fast acting carbs to treat low blood sugar (glucose tabs, juice, hard candies)
- Severe low blood sugar emergency kit (glucagon)
- Continuous glucose monitor (CGM) sensors if you use a CGM
  - Have a back-up blood glucose meter and testing supplies
- Extra medicine—during a state of emergency you may be able refill a prescription before it's due (30- or 90-day supply)
  - If you can't get to a pharmacy, try mail-order or home delivery
  - If you are having trouble paying for insulin, visit NovoCare.com
  - If you use an insulin pump, talk to your health care provider about a back-up plan, which may include having long-acting insulin and keeping a record of your pump settings

## Diabetes y COVID-19 Lo que necesita saber



### ¿Qué es la COVID-19?

El coronavirus (COVID-19) es un virus que causa enfermedad respiratoria. Se puede transmitir de persona a persona. Los síntomas frecuentes incluyen:



### ¿Está en riesgo porque tiene diabetes?

Las personas con diabetes, particularmente si no está bien controlada, pueden tener un mayor riesgo de desarrollar enfermedad grave a causa de la COVID-19. Si tiene otras afecciones, como enfermedad cardíaca, además de diabetes podría tener más riesgo de enfermarse gravemente a causa de la COVID-19.



### ¿Cómo puede protegerse?

Para protegerse y detener la propagación de la infección:



Los CDC recomiendan que las personas con diabetes sigan adecuadamente su plan de cuidado de la diabetes para un mejor control del azúcar en la sangre

### ¿Cómo puede prepararse si se enferma?

Reúna los suministros necesarios para controlar su diabetes:

- Suministros para prueba de azúcar en la sangre
- Suministros para prueba de cetonas
- Carbohidratos de acción rápida para tratar el nivel bajo de azúcar en la sangre
- Tabletas de glucosa, jugo, caramelos duros
- Kit de emergencia de hipoglucemia severa (glucagón)
- Monitor de monitoreo continuo de la glucosa (CGM) utilice un CGM
- Tenga un glucómetro y suministros de prueba de repuesto
- Medicina extra: durante un estado de emergencia es posible que pueda resultar una receta antes de su vencimiento (suministro por 30 o 90 días)
  - Si no puede ir a una farmacia, pruebe el pedido por correo postal o la entrega a domicilio
  - Si tiene problemas para pagar la insulina, visite NovoCare.com
  - Si usa una bomba de insulina, hable con su proveedor de atención médica acerca de un plan alternativo, que podría incluir tener insulina de acción prolongada y llevar un registro de los ajustes de su bomba

# Today's Speaker



Dr. Courtney L. Walker

Medial Account Director

Novo Nordisk, Inc.

# **COVID-19 and Pre-existing Comorbidities of Diabetes, Obesity and Cardiovascular Disease**

Courtney L. Walker, Pharm.D., R.Ph  
Medical Account Director  
Date: August 14, 2020

# Questions & Answers

- Please remain muted
- Use the chat box to send us your questions
- A moderator will read questions as they are submitted





# ABGOH Member Highlight

## Texas Department of Transportation



Gina Akin  
Statewide  
Wellness Program  
Administrator



Arlin Alvarez  
Statewide  
Wellness Program  
Administrator



# Pivoting Wellness During COVID-19

Gina Akin  
Wellness Program Administrator

**LIVE WELL**  **WORK WELL**

Texas Department of Transportation

August 14, 2020



## Large government state agency

- 12,000 employees
  - 25 districts across the state (10,000 employees)
  - 4,500 maintenance employees
  - 4 headquarter locations in Austin area (2,000 employees)
- 74% male
- Roads, aviation, rail, ferries, travel centers and more!





**CANCELLED**





## LIVE WELL WORK WELL

### Wellness and COVID-19 Information

Your wellness team is working to bring you updated support and resources as we navigate the current COVID-19 (coronavirus) outbreak.

Please contact us at [gina.akin@txdot.gov](mailto:gina.akin@txdot.gov) and [arlin.alvarez@txdot.gov](mailto:arlin.alvarez@txdot.gov) if you have any questions. We are here to help.

This page will continue to be updated as more resources become available.

## YOU ARE NOT ALONE



**1 in 5 adults** in the U.S. experience a mental illness in a given year.

Anxiety disorders are the most common mental illness in the U.S., **affecting 40 million adults.**

**Depression is the leading cause** of disability in the U.S. among people ages 15 - 44.

#NotAlone

LIVE WELL WORK WELL

- Parenting Resources
- Work from Home
- Medical Benefits Updates
- Virtual Medical Doctor and Mental Health
- Blood Donation Campaign
- EAP COVID Resources
- National Alliance for Mental Illness





## Employee Suggestions and Tips

*Share your tips, not your germs!*



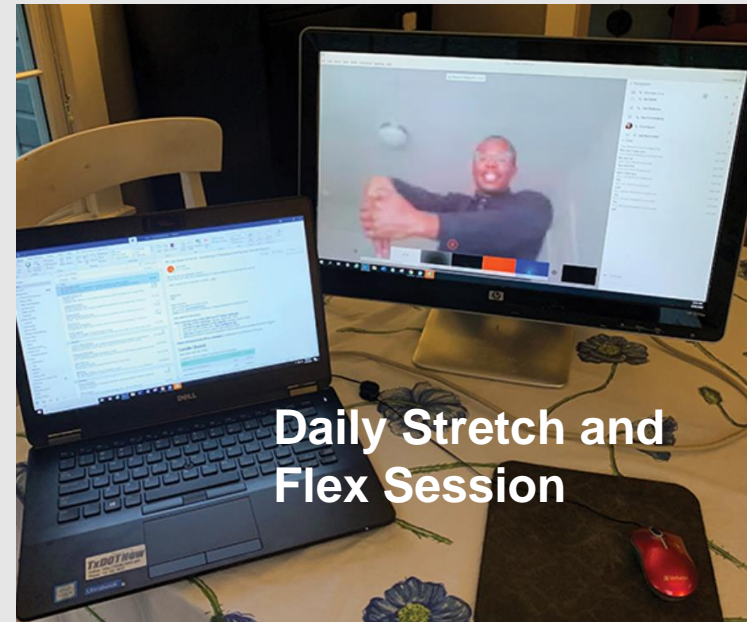
Share the positive ways you're dealing with this public health crisis [here](#). This simple online spreadsheet is a living document for our TxDOT family to share what is working for them. Check the list often as it grows. Topics could include teleworking tips, workout tips, meditation suggestions, healthy home recipes sources, YouTube links, or just a positive message!

*I decided to plant seeds in my yard. It is very exciting to see them grow and it has encouraged my 84 year old mom to go and check on them everyday. This helps her exercise in a safe way and get her vitamin C. It is also helping me needless to say.*

*I used the app Houseparty to connect with friends last weekend. It was great to see everyone and catch up.*

*We have small kids at home. Each night we look at our work schedules for the next day and plan who will work when and who can be with the kids. This has taken a lot of stress off of us as we work.*

*Look for opportunities to virtually reach out to others. The Texas Healthcare Association website allows you to send messages to nursing home residents & staff. Can request address information to send mail via USPS as well. Young children could practice their writing skills by writing letters and/or send artwork.*





**Wellness Wednesdays  
Statewide Virtual Meetup Series**

# **Coffee. Connections. Community.**

*Coffee. Connections. Community.* is a seven week program that offers a safe space for employees to come together and discuss ‘hot topics’ that many of us are facing.

- ***Welcome/COVID-19 and Your Well-Being***
- ***Navigating Work at Home***
- ***Triple Threat: Working, Parenting, and Teaching***
- ***Coronavirus Anxiety: Coping with Stress***
- ***Managing Social Isolation and Loneliness***
- ***Boosting Your Resiliency and Self-Compassion***
- ***Living Gratefully in a Time of Crisis***

*‘The opportunity to connect with other people dealing with the same situations and the same problems was priceless. I learned from everybody, the hosts, the speakers, the coworkers, it was good to hear other point of views.’*



## DELICIOUS MAKEOVERS

HOW TO INCORPORATE QUALITY FOODS INTO THE MEALS YOU LOVE

Wednesdays | July 8, 15 and 22 | 9:30 am - 10:30 am

Live cooking demos with Malia Dell

Register for this series on the HRD Wellness Program website

### Morning Makeovers ~ July 8

Tips to make the coffee/tea beverages you typically order out, yourself, at home, with better quality ingredients! We will also discuss the importance of hydration, learn a smoothie recipe, and how to start your day with 5 minutes of calm.

### Prep like a Pro ~ July 15

Plan and prep your kitchen like the pros to have fresh ingredients at your fingertips ready to grab and go for your next meal or snack. Highlights include a fridge and pantry makeover, chopping techniques, and a fresh salsa and hummus making demo.

### Whole Foods for a Whole You ~ July 22

Learn how to infuse good nutritious ingredients into your favorite classic foods. Planning and prep are key to making over mac-and-cheese and quesadillas. Great for the whole family.



Malia Dell, cookbook author of *Food That Works: Real Meals to Survive the 9-5*, and successful educator, will inspire us to be curious about making over the foods we love.

Questions? Contact

gina.akin@txdot.gov or arlin.alvarez@txdot.gov

**LIVE WELL WORK WELL**  
Texas Department of Transportation

## Wellness Wednesday Virtual Meetup Series



# FINANCIAL FITNESS WORKSHOP

IN PARTNERSHIP WITH THE TEXAS OFFICE OF CONSUMER CREDIT COMMISSIONER

Wednesdays | August 5, 12 & 19 | 12:00 - 1:00 pm

Q & A sessions included

Register for this series on the HRD Wellness Program website

### Building a Budget ~ August 5

Build your own budget during this session. Learn how much of your income should be set aside, how to save based on your cash flow, how to track and budget your monthly expenses while setting your financial goals.

### Credits and Debts ~ August 12

Discover how to increase your monthly cash-flow by restructuring your debt. Understand credit basics, how to build your credit, the difference between good debt vs. bad debt, and how to dispute false information.

### Building Wealth ~ August 19

Understand the broad picture of what wealth means to different people and how you can take action to build your own wealth! Extra time given for our financial experts to answer your questions.

Financial education experts from  
**Texas Office of the Consumer  
Credit Commissioner**  
will led these sessions.

**Andrea Johnson**

Grant and Financial Coordinator

**Christine Graham**

Supervising Financial Examiner

**LIVE WELL WORK WELL** | Financially

Questions? Contact

gina.akin@txdot.gov or arlin.alvarez@txdot.gov

**LIVE WELL WORK WELL**





# Connecting You With Texas 5K & 10K Virtual Race

Weekend of October 10th – 11th | Registration open until August 14th.

Walk, Jog, or Run to a healthier you! [Click here for more information.](#)





# Thank you!

**LIVE WELL WORK WELL**

Texas Department of Transportation

Gina Akin, Wellness Program Administrator  
[gina.akin@txdot.gov](mailto:gina.akin@txdot.gov)

# Questions & Answers

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# Announcements

- Thank you to our presenters and sponsor!



- 2020 Employer Commitment Forms can be found at [www.mhfcaustin.org](http://www.mhfcaustin.org)
- Presentation will be uploaded to the MHFC website
- MHFC Advisory Council is seeking committee members, email [info@mfcaustin.org](mailto:info@mfcaustin.org) if you are interested
- Next meeting will be October 30, 2020



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# THE POWER IS IN YOUR HANDS TO MAKE A DIFFERENCE

A guide to help navigate weight management and anti-obesity medication (AOM) coverage in your organization

## Inside you can find:

- Information about the impact of obesity
- Helpful tips and resources for your organization
- A step-by-step guide that ensures your health benefits and pharmacy plans cover AOMs



# WHAT'S WEIGHING YOUR ORGANIZATION DOWN?

## How widespread is obesity in the United States?

The prevalence of obesity in the United States continues to grow<sup>1</sup>

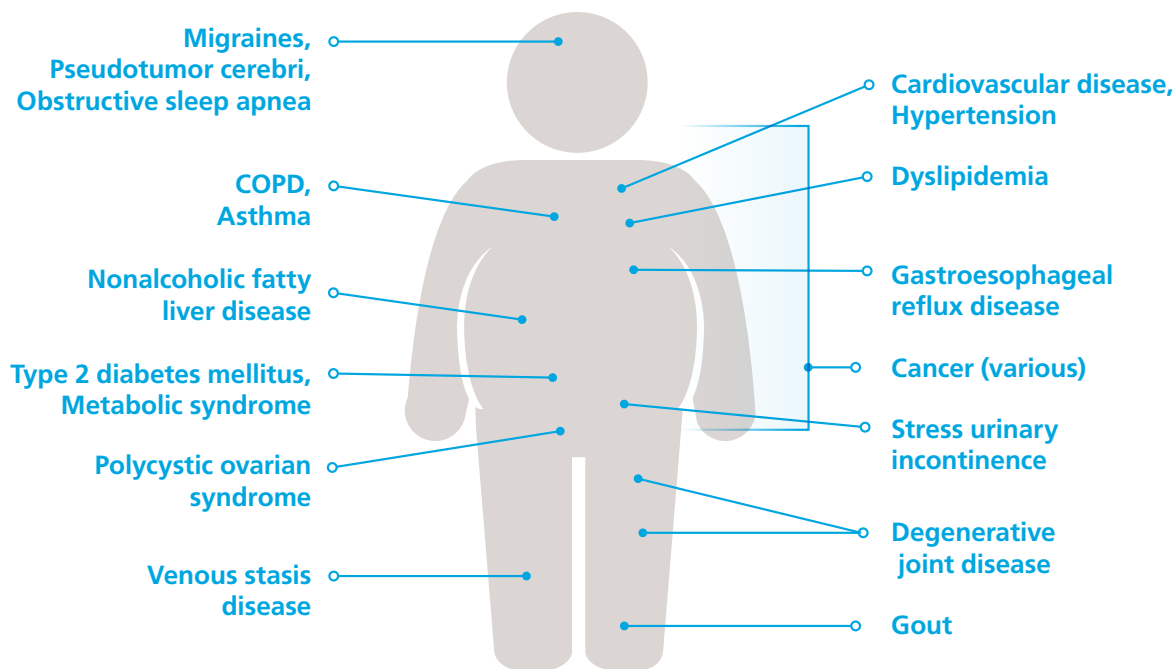
Out of ~327 million people, **~100 million adults** are affected by obesity in the United States<sup>2,3,a</sup>

- Obesity rates are highest in African-American and Hispanic adults<sup>4,b</sup>
  - At ~46%, African-American adult women have the highest obesity rate of any demographic<sup>4</sup>

**If the current trend continues, 51% of the US adult population will have obesity by 2030.<sup>1</sup>**

## How does obesity impact the lives of people with the disease?

There are many comorbidities associated with obesity<sup>5-9,c</sup>



**Obesity can be a debilitating disease that may be already impacting the health of patients in your organization.<sup>5,10</sup>**

COPD=chronic obstructive pulmonary disease.

<sup>a</sup> Adults aged ≥ 20 years.<sup>3</sup>

<sup>b</sup> Adults aged ≥18 years.<sup>4</sup>

<sup>c</sup> The above list is not exhaustive and is intended to illustrate only a range of key complications.



## What's the financial impact of obesity?

Obesity may be the underlying cause of many other costs<sup>11</sup>

Obesity-related complications can be costly<sup>a</sup>

- **\$111.9 billion** due to type 2 diabetes
- **\$42.1 billion** due to osteoarthritis
- **\$10.9 billion** due to coronary heart disease

In a health plan of 100,000 members, consider the following direct medical costs<sup>b</sup>:

  
**Type 2 diabetes**

**5257** affected members  
~**\$35.1 million** total direct annual cost  
~**\$29.24** PMPM

  
**Coronary heart disease**

**844** affected members  
~**\$3.4 million** total direct annual cost  
~**\$2.86** PMPM

  
**Osteoarthritis**

**6772** affected members  
~**\$13.2 million** total direct annual cost  
~**\$10.99** PMPM

The impact of obesity-related comorbidities can be seen in your medical and your pharmacy costs<sup>11</sup>

**You can do something about these costs  
by adding AOM coverage to your current wellness offerings.**

PMPM=per-member, per-month

<sup>a</sup> Costs shown are the direct medical costs associated with treating specific overweight- and obesity-related comorbidities in 2014<sup>11</sup>

<sup>b</sup> Costs shown are direct medical costs associated with treating specific overweight- and obesity-related comorbidities PMPM in 2014<sup>11</sup>



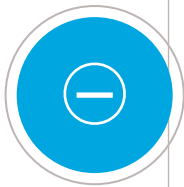
# NAVIGATING AOM COVERAGE IN YOUR ORGANIZATION

## The employers' journey to AOM coverage



## Work with your employee benefits consultant (EBC) to ensure your health benefits and pharmacy plans cover AOMs

This step-by-step guide is designed to help you overcome barriers that may block your employees' access to AOMs. This information may also help you to work with your employee benefits consultant (EBC) who can assist you with adding AOM coverage.



### Remove Any Health Benefit Plan Exclusions That Deny AOM Coverage

1. Find and review the "Summary Plan Description" for your current health plan(s)
2. Find the "Exclusions" section(s) of the Summary Plan Description that may have language that excludes AOMs from coverage

**Exclusions in the current benefit plan that prohibit AOMs must be canceled, struck, removed, or precluded by means of a rider to the current policy.**



### Find and Remove PBM "Not Covered" Barriers to AOM Coverage

1. Look at the beginning of your PBM contract for documents such as "Plan Design Document" or "Benefit Specification Form." These detail which therapeutic categories and individual medications have coverage or do not have coverage
2. Within these documents, find the section(s) in which you can check a "Yes" box to instruct your PBM to cover AOMs



### Select Appropriate PBM Prior Authorization for AOM Coverage

1. The FDA labels for AOMs specify the target populations that qualify for therapy: BMI  $\geq 30$  kg/m<sup>2</sup> or BMI  $\geq 27$  kg/m<sup>2</sup> with comorbidities, eg, hypertension, diabetes, and dyslipidemia
3. Find the prior authorization (PA) section within the "Plan Design Document" or "Benefit Specification Form" currently in effect with your PBM
3. Check the appropriate coverage box to incorporate appropriate PA coverage requirements for AOMs



### Remove or Minimize Financial Access Barriers Caused by Tier Placement

1. Examine your formulary to make sure AOMs are not in a formulary tier that has financially prohibitive copays or coinsurance
2. Increase employees' financial access to AOMs by putting them in Tier 2 or lower

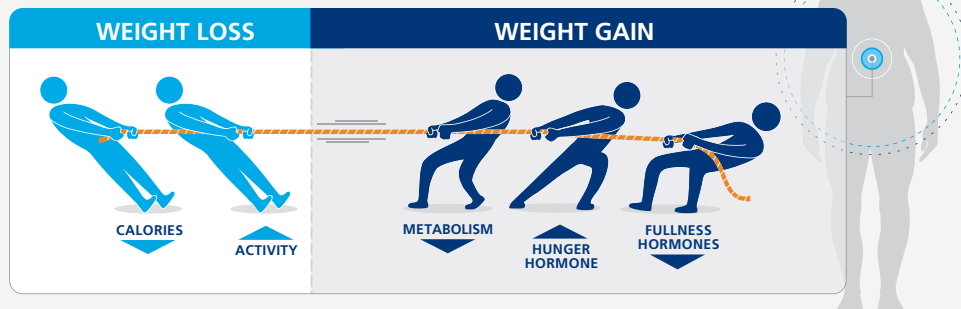
# HELPFUL TIPS

## Tips for having conversations with your employees

### TIP 1

#### Maintaining weight loss can be a constant struggle—like a tug-of-war<sup>12,13</sup>

You can help employees understand why it is so easy to gain the weight back. Go to [www.TruthAboutWeight.com](http://www.TruthAboutWeight.com) to see a valuable video about The Tug of War of Weight Management. Consider including information like this in your annual benefits enrollment materials and/or at your next health fair.

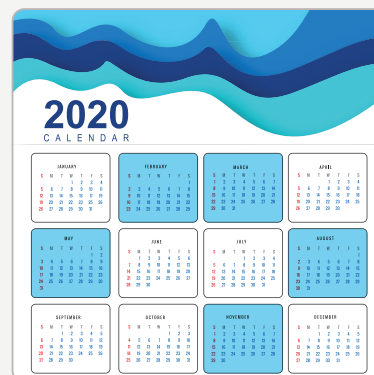


### TIP 2

#### Capitalize on opportunities throughout the year to educate your employees about options for weight management

Don't miss out on monthly opportunities to make sure employees know their options. For example, think about distributing information in:

- February for American Heart Month
- March for World Obesity Day
- May for Health and Fitness Month
- August for National Wellness Month
- November for National Diabetes Month



## TIP 3

### Help your employees be well prepared for an appointment to discuss weight management with their health care professionals

Direct your employees to get their free, personalized TrueWeight® Report at [www.TruthAboutWeight.com](http://www.TruthAboutWeight.com). Answering a few questions about their weight-management history, current lifestyle, and goals is a great way for your employees to prepare for a conversation with a health care provider.



## TIP 4



### Encourage employees to consider all treatment options with their health care professionals

Developing a treatment plan may require some trial and error. Exploring weight-management options (including, healthy eating, physical activity, medicine, and surgery) with an experienced health care provider can be a first step.

Direct your employees to [www.TruthAboutWeight.com](http://www.TruthAboutWeight.com) to learn more.

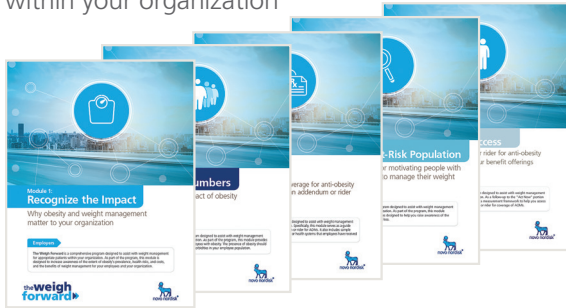


# Novo Nordisk can help you help your employees with these tools and resources

## RESOURCES FOR YOU:

### The Weigh Forward:

A comprehensive program designed to assist with weight management for appropriate employees within your organization



### The Impact of Excess Weight Tool:

A utility created based on a series of inputs about your organization and dependent population that provides basic guidance about the incidence and costs of comorbidities associated with excess weight.



## RESOURCES FOR YOUR EMPLOYEES:

### The Truth About Weight:

Educational website  
[www.TruthAboutWeight.com](http://www.TruthAboutWeight.com)



### TrueWeight Report:

The report provides a summary and highlights key insights that an employee and health care provider can use to design a weight-management plan.



## If you have questions, please:

- Visit [NovoNordiskWorks.com](http://NovoNordiskWorks.com)
- Call 1-800-727-6500
- Reach out to your Novo Nordisk Account Manager

**References:** 1. Finkelstein EA, Khavjou OA, Thompson H, et al. Obesity and severe obesity forecasts through 2030. *Am J Prev Med.* 2012;42(6):563-570. 2. United States Census Bureau. QuickFacts United States. <https://www.census.gov/quickfacts/fact/table/US/PST045218#>. Accessed March 17, 2020. 3. Schiller JS, Clarke TC, Norris T. Early release of selected estimates based on data from the January–September 2017 National Health Interview Survey. National Center for Health Statistics. <https://www.cdc.gov/nchs/data/nhis/earlyrelease/EarlyRelease201803.pdf>. Published March 2018. Accessed February 25, 2020. 4. Centers for Disease Control and Prevention (CDC). Age-adjusted percent distribution (with standard errors) of body mass index among adults aged 18 and over, by selected characteristics: United States, 2016. [https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/NHIS/SHS/2016\\_SHS\\_Table\\_A-15.pdf](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2016_SHS_Table_A-15.pdf). Accessed February 25, 2020. 5. Garvey WT, Mechanick JL, 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. 6. Hanson C, Rutten EP, Wouters EF, Rennard S. Influence of diet and obesity on COPD development and outcomes. *Int J Chron Obstruct Pulmon Dis.* 2014;9:723-733. 7. Peterlin BL. Obesity and migraine. <https://americanmigraine.foundation.org/resource-library/obesity-and-migraine/>. Published July 1, 2015. Accessed February 25, 2020. 8. Lauby-Secretan B, Scoccianti C, Loomis D, Grosse Y, Bianchini F, Straif K; International Agency for Research on Cancer Handbook Working Group. Body fatness and cancer—viewpoint of the IARC working group. *N Engl J Med.* 2016;375(8):794-798. 9. Juraschek SP, Miller ER III, Gelber AC. Body mass index, obesity, and prevalent gout in the United States in 1988-1994 and 2007-2010. *Arthritis Care Res (Hoboken).* 2013;65(1):127-132. 10. CDC. Adult obesity prevalence maps. <https://www.cdc.gov/obesity/data/prevalence-maps.html>. Updated October 29, 2019. Accessed February 25, 2020. 11. Waters H, DeVol R. Weighing down America: the health and economic impact of obesity. <https://assets1b.milkeninstitute.org/assets/Publication/ResearchReport/PDF/Weighing-Down-America-WEB.pdf>. Published November 2016. Accessed February 25, 2020. 12. Lam YY, Ravussin E. Analysis of energy metabolism in humans: a review of methodologies. *Mol Metab.* 2016;5(11):1057-1071. 13. Sumithran P, Prendergast LA, Delbridge E, et al. Long-term persistence of hormonal adaptations to weight loss. *N Engl J Med.* 2011;365(17):1597-1604.



## Module 2:

# Know Your Numbers

Understanding the impact of obesity on your health system

### Health Systems

**The Weigh Forward** is a comprehensive program designed to assist with weight management for appropriate patients within your health system. As part of the program, this module provides an overview of key metrics for identifying patients with obesity. The presence of obesity should be assessed, along with key weight-related comorbidities, in your patient population.





## Know your numbers, know your risk

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

**You may not be seeing obesity in your claims data.**

There are multiple comorbidities associated with obesity. Some of the most common ones you may see in your claims are dyslipidemia, type 2 diabetes, and hypertension<sup>1</sup>



**Consult your electronic health records (EHRs) to determine how many patients have a body mass index (BMI) indicating obesity and/or evidence of comorbidities. The presence of comorbidities may be a flag for obesity.**

Obesity increases the risks of these and other comorbidities,<sup>3</sup> which can be costly to your health system



- Even a small reduction in weight can provide meaningful health benefits for your patients with obesity<sup>1</sup>
- Weight loss may also help curb the economic impact of obesity-related comorbidity costs<sup>4</sup>

**For more information about obesity and its comorbidities, refer to Module 1.**



# Understanding BMI and how it is calculated

Determining BMI requires a simple calculation<sup>2</sup>

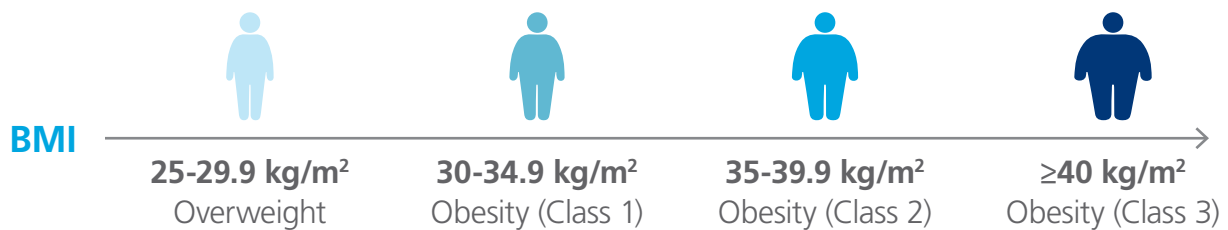
Calculate BMI as follows:

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

If pounds and inches are used:

$$\text{BMI} = \frac{\text{Weight (lb) x 703}}{\text{Height squared (inches}^2\text{)}}$$

Defining overweight and obesity<sup>2</sup>

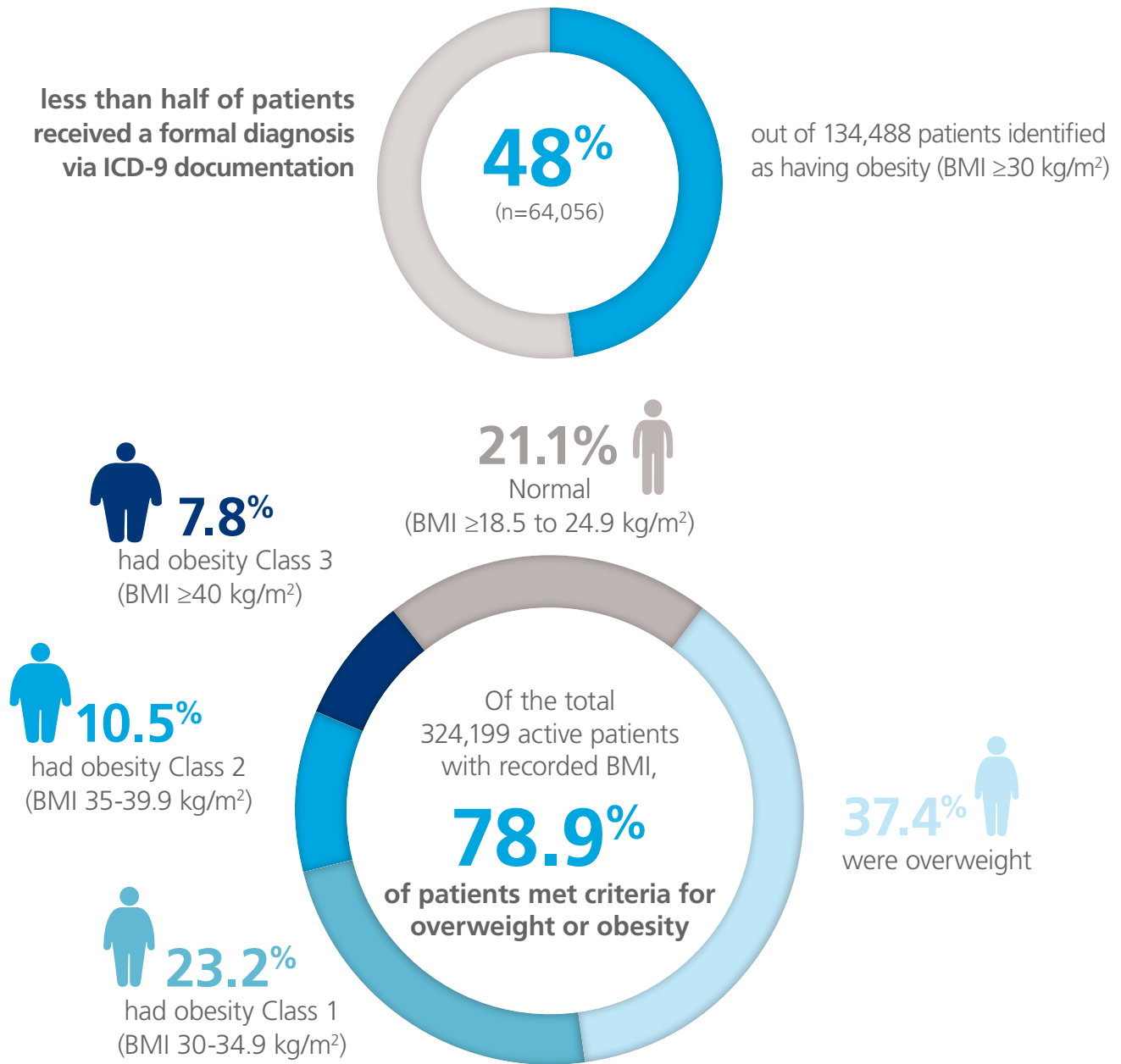


In most EHRs, a patient's BMI is autogenerated from height and weight measurements obtained during the visit<sup>5</sup>

- 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

# Obesity is an underdiagnosed disease, despite its high prevalence

According to an analysis of EHR data from a large US integrated health system, which included a total of 324,199 patients with recorded BMI values,<sup>6</sup>



**“Underdiagnosis and failing to recognize obesity as a treatable, chronic disease with serious health consequences are important barriers to effective management.”<sup>6</sup>**  
– *Pantalone et al.*

# What are the ICD-10 codes associated with obesity?<sup>7</sup>

## Commonly reported codes

Description	Code
Obesity, unspecified (not otherwise specified)	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

## Coding for BMI $\geq 40$ kg/m<sup>2</sup>

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

## Counseling codes

Description	Code
Dietary counseling and surveillance	Z71.3
Other specified counseling (including exercise counseling)	Z71.89

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

# ICD-10 codes for common comorbidities associated with obesity<sup>7</sup>



## 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



## Hypertension





Classified to category I10 (Essential [primary] hypertension)

## Other common comorbid conditions and their codes

- **Chronic ischemic heart disease**, classified to category I25, which includes conditions such as I25.10 – atherosclerotic heart disease of native coronary artery without angina pectoris
- **Cancer**, such as endometrial, classified to C54.1; breast, classified to category C50; and colon, classified to category C18
- **Cerebral infarction**, classified to category I63
- **Sleep disorders**, classified to category G47, which includes sleep apnea (G47.3)
- **Respiratory problems**, classified to categories J43 emphysema, J44 Other chronic obstructive pulmonary disease, and J45 asthma
- **Osteoarthritis**, classified to categories M16–M19
- **Abnormal menses** conditions, classified to categories N91 and N92
- **Female infertility**, classified to N97

# Action steps for your health system

As part of your clinical treatment pathway for obesity, encourage your health system network providers to implement these (or similar) steps

- 1. Verify** that obesity is measured and captured appropriately as part of the standard patient examination within your EHR system. 
- 2. Measure** obesity along with other common and easy-to-recognize comorbidities of obesity (dyslipidemia, type 2 diabetes, and hypertension) in your patient population. 
- 3. Review** results from obesity measurement of your patient population to understand the total cost impact of direct medical expenses. 
- 4. 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 pages 6-7 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](https://www.nhlbi.nih.gov/files/docs/guidelines/prctgd_c.pdf). Accessed August 21, 2019. **3.** Guh DP, Zhang W, Bansback N, Amarsi Z, Birmingham CL, Anis AH. The incidence of co-morbidities related to obesity and overweight: a systematic review and meta-analysis. *BMC Public Health.* 2009;9(88). **4.** Levi J, Segal LM, Thomas K, St. Laurent R, Lang A, Rayburn J. *F as in Fat: How Obesity Threatens America's Future.* <https://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf407528>. Published August 2013. Accessed August 20, 2019. **5.** 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 August 21, 2019. **6.** 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. **7.** ICD-10-CM Tabular List of Diseases and Injuries. [ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Publications/ICD10CM/2020/](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2020/). Accessed August 21, 2019.