# Commercial Reimbursement Policy

| Subject: **Body Mass Index (BMI) - Facility** | |
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| Policy Number: **C-14007** | Policy Section: **Facilities** |
| Last Approval Date: **03/15/2023** | Effective Date: **07/01/2023** |

## Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a Wellpoint member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Wellpoint may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

## Policy

Wellpoint allows reimbursement for Body Mass Index (BMI) diagnosis codes which are reported as a secondary clinical condition unless provider, state, or federal contract and/or requirements indicate otherwise.

Reimbursement will be based on a review of all comorbidities, diagnosis codes reported, and the facility specific reimbursement methodology if the following criteria is met:

1. Body Mass Index (BMI) must be reported as a secondary diagnosis.
2. The BMI must be documented in the medical record by the physician, clinician, or nutritionist.
3. There must also be a clinical diagnosis or condition documented by the physician that corresponds to the BMI.
4. Requirements as indicated in Section III of the ICD-10-CM for Reporting Additional Diagnoses.
5. Comorbidities affecting the patient's obesity assessment, evaluation, or treatment that is also evaluated must be reported as secondary diagnosis codes.

## Related Coding

| Standard correct coding applies |
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## Policy History

| 07/01/2023 | Initial approval 03/15/2023 and effective 07/01/2023 |
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## References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Optum EncoderPro 2023
- Federal Register Volume 50, Number 147 pp. 31038-40, July 31, 1985

## Definitions

| Body Mass Index (BMI) | A person's weight in kilograms (kg) divided by his or her height in meters squared. |
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| ICD-10-CM Section III. Reporting Additional Diagnoses | "For reporting purposes, the definition for 'other diagnoses' is interpreted as additional clinical conditions that affect patient care in terms of requiring:<br>• Clinical evaluation; or<br>• Therapeutic treatment; or<br>• Diagnostic procedures; or<br>• Extended length of hospital stay; or<br>• Increased nursing care and/or monitoring" |
| Other Diagnosis | Uniform Hospital Discharge Data Set (UHDDS) defines other diagnoses as all conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay. |
| General Reimbursement Policy Definitions | |

## Related Policies and Materials

| Claims Requiring Additional Documentation - Professional and Facility |
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## Use of Reimbursement Policy

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over Reimbursement Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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