Obesity Care Essentials

A Pocket Guide for Clinicians

This resource was commissioned by Lilly Medical and is indicated to be used by HCPs for medical, educational, and scientific purposes.

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Obesity Management in the Outpatient Setting

Welcome! As you know, healthcare professionals play an important role in helping patients manage their weight. An engaged and supportive clinician can make a world of difference. This guide offers:

- Tips and resources to enhance obesity management
- Guidance on screening, diagnosis, and body mass index (BMI) coding
- Strategies for effective communication with patients
- Information on lifestyle modification, including healthy eating and physical activity

This guide aims to build on your existing knowledge with additional resources to help your patients achieve their weight loss goals.



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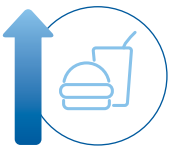
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Obesity Is a Disease

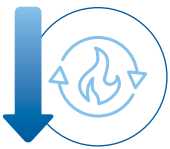
Obesity – abnormal or excessive fat accumulation that presents a risk to health.[1] May be caused by disruptions to regulation of food intake that alter energy balance[2]

Contributing factors to obesity[3]:



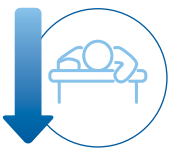
Dietary intake affected by:

- Social determinants of health (eg, the food environment)
- Hunger/satiety signaling
- Mental health
- Sleep
- Medical conditions/medications



Energy expenditure affected by:

- Age, sex, and body composition
- Genetics/epigenetics and neuroendocrine factors
- Medications



Physical activity affected by:

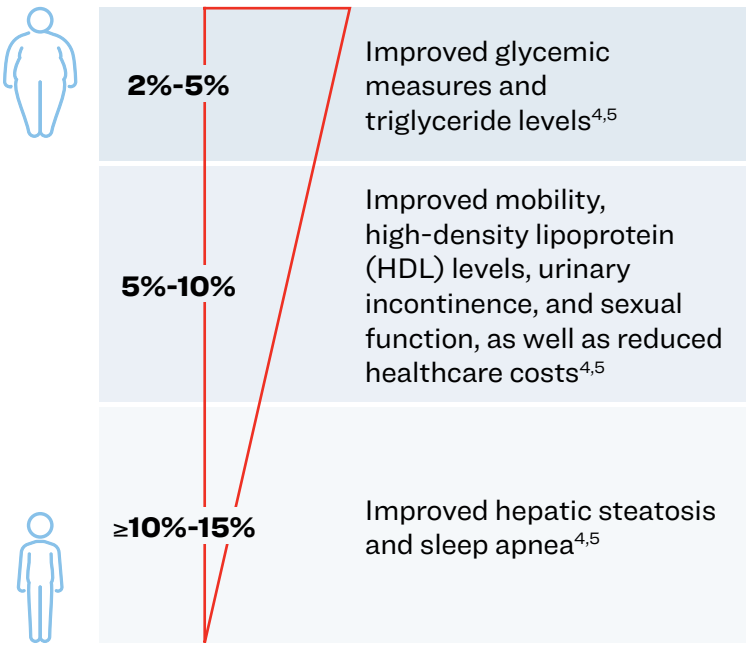
- Social determinants of health (eg, the built environment)
- Physical limitations
- Medical conditions/medications
- Emotional barriers

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Diagnosis of Obesity Is Important

Diagnosis and treatment may lead to improvements in weight and other clinical outcomes[4-7]



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Obesity Can Present a Risk to Health

BMI is a useful **screening tool**, but because of its limitations, it's not precise enough to diagnose obesity or fully assess an individual's health risk[8,9]

Obesity classes[a]

Class I	Class II	Class III
30.0-34.9 kg/m^2	35.0-39.9 kg/m^2	≥40.0 kg/m^2

Risk factors[10]

- Certain medications
- Inactivity
- Poor diet
- Poor sleep
- Stress
- Genetics

Obesity-related complications[10]

- Heart disease
- Osteoarthritis
- Stroke
- Obstructive sleep apnea
- Liver disease (MASLD)
- Type 2 diabetes

Take action if you see these risk factors or complications in your patients!

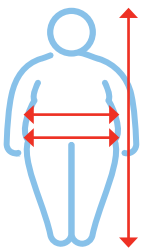
[a]Alternate ethnicity-specific BMI thresholds may be utilized.

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Evaluation for Excess Adiposity

If a patient has a higher BMI[a] but screening suggests they are not at risk for obesity, measure **additional parameters** to validate the diagnosis or assess metabolic health



Waist-to-height ratio[11]
Threshold for obesity-associated risks: ≥0.5

Waist-to-hip ratio[12,a]
Threshold for obesity-associated risks: women ≥0.85, men ≥0.90

Waist circumference[13,a]
Threshold for obesity-associated risks: women ≥34.5 in, men ≥40 in

Edmonton Obesity Staging System comprehensively classifies and assesses severity of obesity and associated health risks

Benefits of evaluating for excess adiposity

- Helps identify cardiometabolic risk factors[14]
- Helps monitor and reduce risk of metabolic disorders[14]
- Permits individualized training plans for physical activity[15]
- Helps assess malnutrition risk[16]

[a]Alternate ethnicity-specific cutoffs may be utilized.

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Coding for Obesity

Accurate coding aids in defining and documenting treatment more effectively[17]

- Emphasize diagnosis and complications over BMI alone when selecting codes[17]
- Include a Z code for BMI (Z68.XX)[18]
- Consider including additional Z codes for counseling, as appropriate (eg, Z71.3, Z71.89)[18]

Coding tips

- Include information on existing obesity-related complications and comorbidities in a diagnosis of overweight[17]
- Document comorbidities[17]
- Avoid BMI codes in pregnancy[17]
- Report clinically significant obesity diagnoses[17]
- Include codes for complications, as appropriate[17]
- Z codes must be accompanied by an ICD-10-CM diagnostic code for obesity[18]

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

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Common ICD-10-CM and BMI Codes for Obesity[19]

BMI (kg/m^2)	Range	ICD-10-CM Code	BMI Code
<18.5	Underweight	R63.6	Z68.1
18.5-24.9	Normal	N/A	Z68.1-Z68.24
25.0-29.9	Overweight	E66.3	Z68.25-Z68.29
30.0-34.9	Obesity Class I	E66.811	Z68.30-Z68.34
35.0-39.9	Obesity Class II	E66.812	Z68.35-Z68.39
≥40	Obesity Class III	E66.813	Z68.41-Z68.45

When coding for obesity, include the ICD-10-CM diagnostic code for obesity and the Z code for BMI

You can also include ICD codes for any obesity-related complications you have diagnosed and discussed with the patient

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Common ICD-10-CM and CPT® Codes for Obesity

Common ICD-10-CM codes for obesity[18,20]	
E66.89	Other obesity not elsewhere classified
E66.9	Obesity, unspecified
E66.1	Drug-induced obesity
E66.2	Severe obesity with alveolar hypoventilation
E66.09	Other obesity due to excess calories

HCPs are encouraged to use ICD-10 codes based on obesity class (eg, E66.813) to help reduce stigma and bias.

CPT = Current Procedural Terminology.

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Common ICD-10-CM and CPT® Codes for Obesity (cont.)

Common CPT codes for obesity screening/counseling[21,22]	
CPT 99401	Individual preventive medicine counseling and/or risk factor interventions: ~ 15 min
CPT 99402	Individual preventive medicine counseling and/or risk factor interventions: ~ 30 min
CPT 99403	Individual preventive medicine counseling and/or risk factor interventions: ~ 45 min
G0447	Face-to-face behavioral counseling for obesity: ~ 15 min
G0473	Face-to-face behavioral counseling for obesity, group (2-10): ~ 30 min

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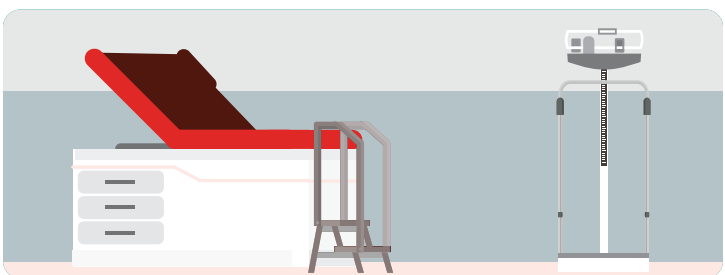
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Creating a Patient-Centric Office Environment[23]

Include features in waiting and examination rooms that are accessible and welcoming to patients with obesity

Open-armed furniture that can support **> 300 lb**





Step stool with **handle** for examination table access

Scale with wide base that measures **>500 lb**

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Improving Communication With Patients

The language and approach used by clinicians can affect treatment outcomes[24]

Focus on the value of "non-scale victories"
such as improved cardiometabolic parameters, mobility, quality of life, or other benefits

Which goals best fit your lifestyle?
What small first steps can you take toward achieving those goals?

What personal goals do you have for your weight and health?
What goals and timelines are realistic for you?

What changes would you like to make in your lifestyle?
What roadblocks are keeping you from starting a new routine?

Use nonjudgmental language[25]:

✗ Obese person	✓ Person with obesity
✗ Extremely obese	✓ Higher weight
✗ Extra large	✓ Unhealthy weight
✗ Fat/excess fat	✓ BMI

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Improving Communication With Patients

Use the 5 As model to guide discussions with patients on weight management[25]



ASK for permission to discuss weight and explore readiness to change



ASSESS obesity-related risks and potential root causes of weight gain



ADVISE on health risks and treatment options



AGREE on health outcomes and behavioral goals



ASSIST in accessing appropriate resources and providers and arranging follow-up appointments

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Improving Communication With Patients

ASK

Ask open-ended questions that encourage thought-provoking responses and engage a 2-way dialogue[25,26]

Begin conversations about weight in a way that shows respect for your patient's preferences[27]:

- Would it be okay to talk about your weight today?
- I'd like to learn more about your eating habits. What kinds of foods and drinks do you consume on a normal day?
- Body weight can affect blood pressure in some people. Given that you have high blood pressure, would it be okay to talk about your weight today?



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Improving Communication With Patients

ASSESS

Examine factors relevant to obesity

- Anthropometrics or body composition[26]
- Obesity-related complications[28]
- Psychosocial factors[26]
- Obesity screening and staging systems[26]

There are many factors to consider when we think about weight. Is it okay if we explore some of these together to better understand how your weight affects you and your health?

Assess the patient's willingness to change

- *What are your goals for your health?*
- *What are you able to change in your daily life?*
- *Who can support and encourage you?*
- *How does your weight affect your health?*

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Improving Communication With Patients



ADVISE

When providing weight management advice[26]:

Emphasize

obesity-related risks relevant to the patient

Explain

the clinical benefits of weight loss

Educate

patients on treatment options

> *"I'd like us to work together to come up with some goals that fit your lifestyle."*

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Improving Communication With Patients



AGREE

Establish collaborative SMART goals with your patients[26,29]:

SPECIFIC	Does this goal have a distinct, detailed outcome?
MEASURABLE	Can this goal be measured or tracked?
ACHIEVABLE	Is this goal attainable?
RELEVANT	How valuable is this to you? How will this goal affect your quality of life?
TIMELY	Can you accomplish this goal on a realistic timeline?

- *I will walk for 30 minutes at lunchtime 3 times a week this month*
- *I will have vegetables with dinner every day this week*
- *I will go to bed by 10:30PM on weeknights this month*

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Improving Communication With Patients



ASSIST

Assist in your patient's weight management[26]:

Identify	facilitators and barriers

- *Food is a source of comfort when I'm stressed*
- *I don't feel comfortable at the gym*

Recommend	credible weight management resources
Support	during weight regain and celebrate successes

- *Instead of setting weight-based goals, let's focus on process-related ones, like goals for eating and physical activity*

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Obesity Treatment Options



Lifestyle changes[30]



Obesity management medications[31-37]



Bariatric surgery[38]

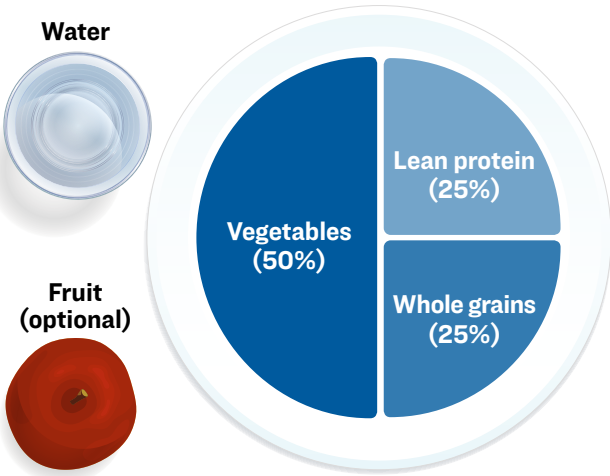
In recent years, obesity management medications (OMMs) have become more effective, better tolerated, and safer[5]

Despite their proven health benefits, OMMs and bariatric surgeries remain underutilized[5]

5% weight loss is considered clinically significant[4]

Lifestyle Modifications: Dietary Recommendations

Recommendations for energy intake should be personalized based on individual characteristics, such as age, sex, activity level, and body weight.[39,40] Consume balanced meals. As a general guide, use a plate divided into 3 parts[40]:



Ensure adequate intake of fluids, protein, healthy carbohydrates, dietary fiber, vitamins and minerals[39,40]

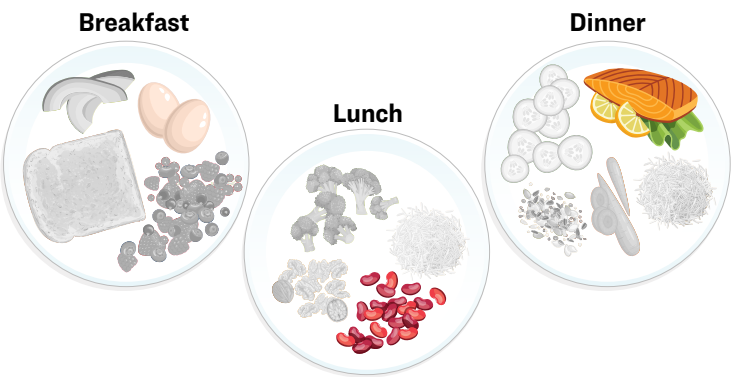
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Daily Protein Recommendations

10%-35% of total calories[39]

- During weight loss, consume at least 60-75 g/day and up to 1.5 g/kg body weight/day
- Distribute protein intake throughout the day
- Examples: eggs, poultry, fish, lentils, peas, and lean beef
  - Meal replacement products can be used when intake from whole food is insufficient



The highlighted foods are for illustrative purposes only and may not represent the only sources of protein on the plates.

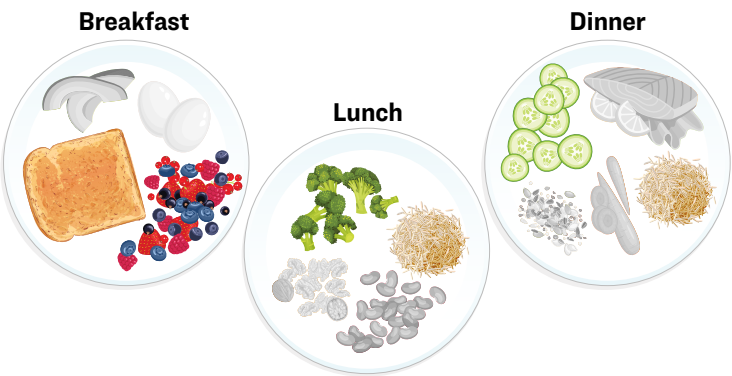
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Daily Carbohydrate Recommendations

45%-65% of total calories[39]

- Women at 1200-1500 kcal/day: 135-245 g/day
- Men at 1500-1800 kcal/day: 170-290 g/day
- Focus on vegetables, fruits, and whole grains
  - Examples: brown rice, whole grain bread, oatmeal, sweet potatoes, fruit



The highlighted foods are for illustrative purposes only and may not represent the only sources of carbohydrate on the plates.

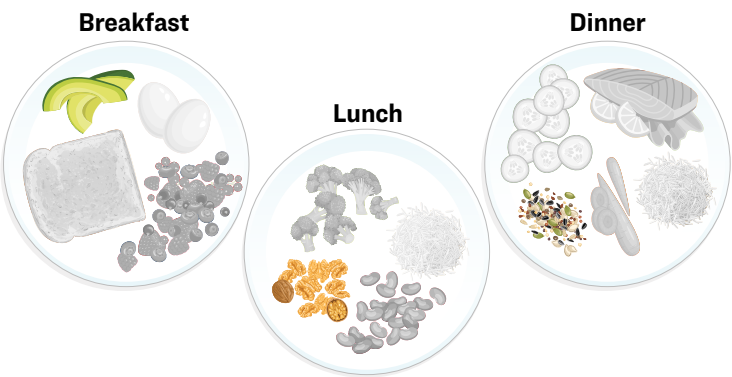
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Daily Fat Recommendations

20%-35% of total calories[39]

- Women at 1200-1500 kcal/day: 25-60 g/day
- Men at 1500-1800 kcal/day: 35-70 g/day
- Limit foods high in saturated and trans fat
- Choose foods high in omega-3 polyunsaturated, omega-6 polyunsaturated, or monounsaturated fatty acids
- Examples: avocado, tahini, olive oil, walnuts, and flaxseed



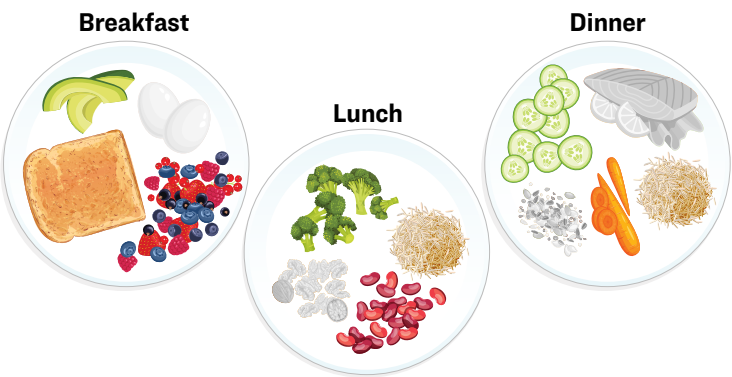
The highlighted foods are for illustrative purposes only and may not represent the only sources of fat on the plates.

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Daily Fiber Recommendations[39]

- Women: 21-25 g/day
- Men: 30-38 g/day
- Consume ≥14 g/1000 calories consumed
- Inadequate fiber intake can cause constipation
- Fiber can be found in whole grains, nonstarchy vegetables, and fruit
- Examples: whole grain bread, oatmeal, brown rice, beans, peas, apples, sweet potato, broccoli



The highlighted foods are for illustrative purposes only and may not represent the only sources of dietary fiber on the plates.

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Lifestyle Modifications: Physical Activity

Moderate-intensity **aerobic physical activity** increases heart rate and oxygen consumption[41]
Aim for at least **150 minutes/week**[42]

Examples of aerobic physical activity[42]

Walking



Running



Cycling



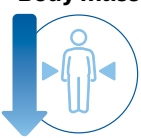
Use of cardio equipment



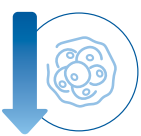
Swimming



Body mass



Fat mass



Aerobic physical activity can help change body composition in patients with obesity[43]

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Lifestyle Modifications: Physical Activity (cont.)

Resistance training – repeated movements against resistance[44] can improve muscle strength and physical function in patients with obesity[45] Resistance training exercises should be performed at least **twice a week**[46]

Types of muscle strengthening activities or resistance training[46]

Weights



Body weight (eg, yoga, tai chi)



Resistance bands



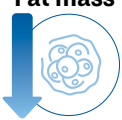
Weight/resistance machines



Suspension training equipment



Fat mass



Muscle strengthening activities may help improve body composition in patients with obesity

Exercise modifications can make resistance training more accessible for some patients[47]

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Self-Monitoring and Weight Management

Self-monitoring of weight, dietary intake, and physical activity is associated with weight loss[48]

Monitoring tools

Wearable fitness trackers[49]



Camera-based food-logging apps[50]



Weight loss apps[51]



Bathroom scales that sync with smartphones[52]



Use of tools such as these may increase your patients' success with weight loss efforts[48]

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Managing Obesity Long-Term

Physiological, behavioral, and environmental factors often lead to weight regain if treatment is stopped[53]

- Maintain regular interaction with patients for at least 1 year
- Identify triggers for emotional eating and healthy alternatives
- Escalate treatment as needed



Optimal strategies for weight loss maintenance can differ from those for weight loss[53]

- Identify internal drivers of healthy habits
- Retain long-term perspective when short-term weight challenges arise
- Emphasize non-scale victories, such as improved health, mobility, and quality of life
- Identify weight thresholds for reengagement with support team

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Additional Resources

Follow the links below for additional help managing your patients on their weight loss journeys

Centers for Disease Control and Prevention

World Health Organization

Review Paper: Nutritional Considerations With Antiobesity Medications

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