

Obesity Care Essentials

A Pocket Guide
for Clinicians

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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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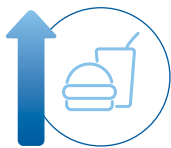
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Obesity Is a Disease

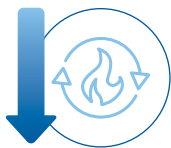
Obesity – abnormal or excessive fat accumulation that presents a risk to health.¹ May be caused by disruptions to regulation of food intake that alter energy balance²

Contributing factors to obesity³:



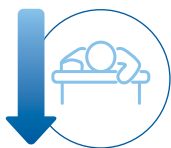
Dietary intake affected by:

- 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

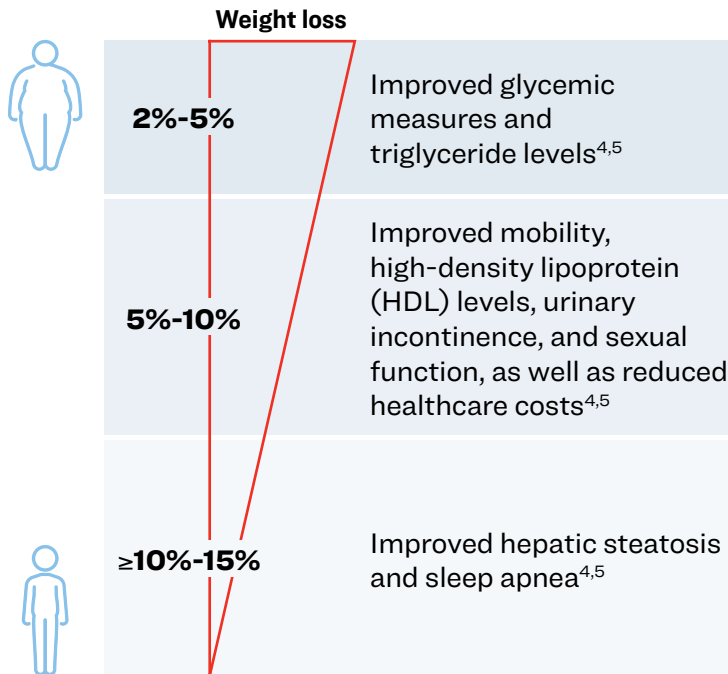
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Diagnosis of Obesity Is Important

Diagnosis and treatment may lead to improvements in weight and other clinical outcomes⁴⁻⁷



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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 factors¹⁰

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

Obesity-related complications¹⁰

- 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!

^aAlternate ethnicity-specific BMI thresholds may be utilized.

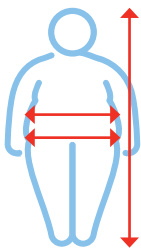
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Evaluation for Excess Adiposity

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 ratio¹¹

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 factors¹⁴
- Helps monitor and reduce risk of metabolic disorders¹⁴
- Permits individualized training plans for physical activity¹⁵
- Helps assess malnutrition risk¹⁶

^aAlternate ethnicity-specific cutoffs may be utilized.

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Coding for Obesity

Accurate coding aids in defining and documenting treatment more effectively¹⁷

- Emphasize diagnosis and complications over BMI alone when selecting codes¹⁷
- 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 overweight¹⁷
- Document comorbidities¹⁷
- Avoid BMI codes in pregnancy¹⁷
- Report clinically significant obesity diagnoses¹⁷
- Include codes for complications, as appropriate¹⁷
- Z codes must be accompanied by an ICD-10-CM diagnostic code for obesity¹⁸

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



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Common ICD-10-CM and BMI Codes for Obesity¹⁹

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
GO447	Face-to-face behavioral counseling for obesity: ~ 15 min
GO473	Face-to-face behavioral counseling for obesity, group (2-10): ~ 30 min

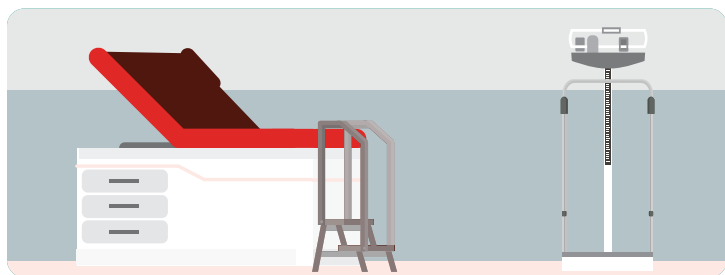
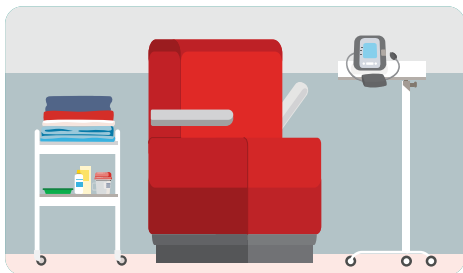


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Creating a Patient-Centric Office Environment²³

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 outcomes²⁴

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 language²⁵:

✗ 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 management²⁵



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 preferences²⁷:

- 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 composition²⁶
- Obesity-related complications²⁸
- Psychosocial factors²⁶
- Obesity screening and staging systems²⁶

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 advice²⁶:

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 management²⁶:

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 changes³⁰



Obesity management medications³¹⁻³⁷



Bariatric surgery³⁸

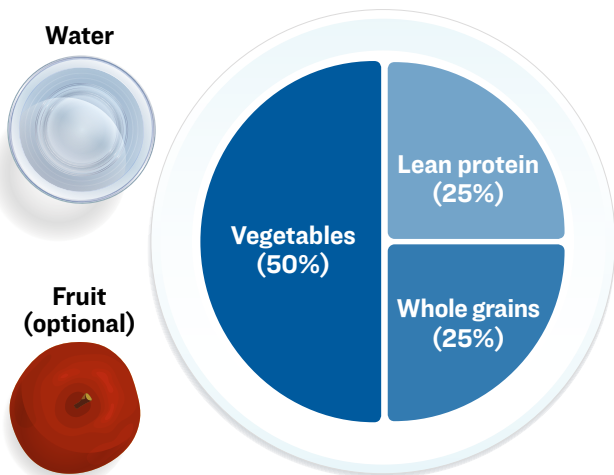
In recent years, obesity management medications (OMMs) have become more effective, better tolerated, and safer⁵

Despite their proven health benefits, OMMs and bariatric surgeries remain underutilized⁵

5% weight loss is considered clinically significant⁴

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 parts⁴⁰:



Ensure adequate intake of fluids, protein, healthy carbohydrates, dietary fiber, vitamins and minerals^{39,40}

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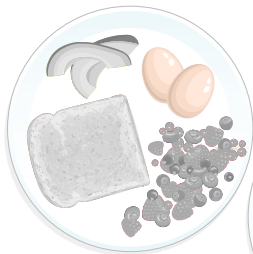
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Daily Protein Recommendations

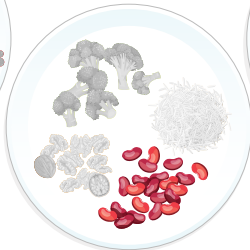
10%-35% of total calories³⁹

- 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

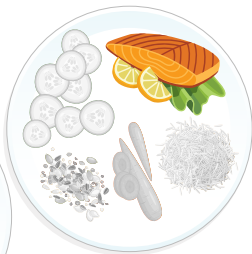
Breakfast



Lunch



Dinner



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

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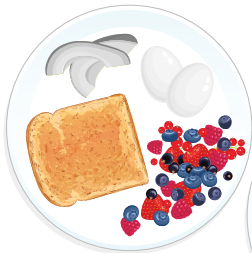
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Daily Carbohydrate Recommendations

45%-65% of total calories³⁹

- 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

Breakfast



Lunch



Dinner



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Daily Fat Recommendations

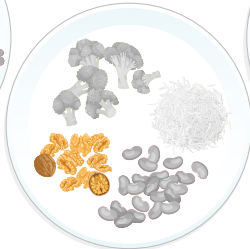
20%-35% of total calories³⁹

- 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

Breakfast



Lunch



Dinner



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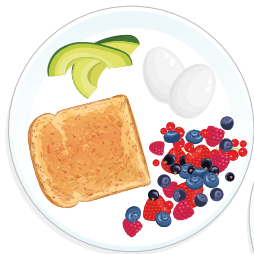


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Daily Fiber Recommendations³⁹

- 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

Breakfast



Lunch



Dinner



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Lifestyle Modifications: Physical Activity

Moderate-intensity **aerobic physical activity** increases heart rate and oxygen consumption⁴¹
Aim for at least **150 minutes/week**⁴²

Examples of aerobic physical activity⁴²

Walking



Running



Cycling



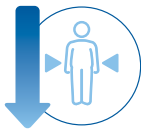
Use of cardio equipment



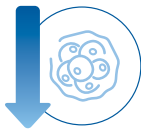
Swimming



Body mass



Fat mass



Aerobic physical activity can help change body composition in patients with obesity⁴³

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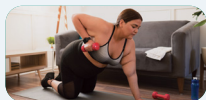
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Lifestyle Modifications: Physical Activity (cont.)

Resistance training – repeated movements against resistance⁴⁴ can improve muscle strength and physical function in patients with obesity⁴⁵
Resistance training exercises should be performed at least **twice a week**⁴⁶

Types of muscle strengthening activities or resistance training⁴⁶

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 patients⁴⁷

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Self-Monitoring and Weight Management

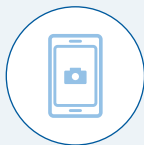
Self-monitoring of weight, dietary intake, and physical activity is associated with weight loss⁴⁸

Monitoring tools

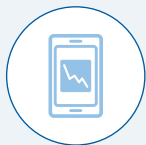
Wearable fitness trackers⁴⁹



Camera-based food-logging apps⁵⁰



Weight loss apps⁵¹



Bathroom scales that sync with smartphones⁵²



Use of tools such as these may increase your patients' success with weight loss efforts⁴⁸

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Managing Obesity Long-Term

Physiological, behavioral, and environmental factors often lead to weight regain if treatment is stopped⁵³

- 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 loss⁵³

- 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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The Lilly logo is rendered in a white, elegant script font. It is positioned on the left side of a horizontal white bar that also contains the text 'A MEDICINE COMPANY'. The background of the entire image is a vibrant red with a dense, white, marbled pattern.

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