VA/DoD Clinical Practice Guideline for Screening and Management of Overweight and Obesity

PROVIDER REFERENCE CARDS

Overweight and Obesity
1. Routine primary care screening for overweight and obesity.

2. Assessment of risk factors and obesity-associated conditions influenced by weight.

3. Evidence-based strategies for weight loss and weight maintenance.

4. Promotion of lifestyle changes (diet and exercise) in persons with normal weight to prevent weight gain.

5. Advice for persons who are overweight (BMI of 25-29.9 kg/m²) without obesity associated conditions, to maintain or lose weight and prevent weight gain.

6. The involvement of patients in their education, goal setting, and decision making process.

7. Strategies to achieve sustained weight loss by creating an energy deficit (when energy expenditure is greater than caloric intake).

8. The combination of dietary therapy, increased physical activity, and behavioral modification therapy as the key components of weight loss therapy.

9. Weight loss drug therapy as an adjunct to long-term diet and physical activity for patients who are obese (BMI > 30 kg/m²), or are overweight with a BMI > 27 kg/m² and present with obesity-associated conditions.

10. Weight loss (bariatric) surgery as an option for patients with very severe obesity (BMI ≥ 40 kg/m²) or a BMI of ≥ 35 kg/m² with one or more obesity associated conditions in whom other methods of weight loss treatment have failed.
**MANAGEMENT OF OVERWEIGHT AND OBESITY**

**Module A: Screening for Overweight and Obesity**

1. Adult person enrolled in the VHA or DoD healthcare systems

2. Obtain height and weight; Calculate Body Mass Index (BMI)

3. Is patient obese? (BMI ≥ 30 kg/m²)
   - Yes
   - No

4. Obtain waist circumference (WC) measurement

5. Is patient overweight? (BMI 25 - 29.9 kg/m² or WC > 40” men or 35” women)
   - Yes
   - No

6. Patient has normal weight (BMI 15 - 24.9 kg/m²)

7. Determine presence of obesity-associated health conditions that increase risk
   - See Sidebar A

8. Does patient have one or more obesity-associated health conditions or is patient requesting help in losing weight?
   - Yes
   - No

9. Advise patient to maintain weight and prevent weight gain

10. Repeat assessment annually

11. Provide brief reinforcement and lifestyle education

12. Repeat screening annually

**Sidebar A**

**Obesity-Associated Chronic Health Conditions**

- Hypertension
- Type 2 Diabetes
- Dyslipidemia
- Metabolic Syndrome
- Obstructive Sleep Apnea
- Degenerative Joint Disease

13. Continue on Module B: Treatment for Weight Loss and Weight Management
To define the level at which waist circumference is measured, a bony landmark is first located and marked.

The subject stands and the examiner, positioned at the right of the subject, palpates the upper hip bone to locate the right iliac crest.

Just above the uppermost lateral border of the right iliac crest, a horizontal mark is drawn, then crossed with a vertical mark on the midaxillary line.

The measuring tape is placed in a horizontal plane around the abdomen at the level of this marked point on the right side of the trunk.

The plane of the tape is parallel to the floor and the tape is snug, but does not compress the skin.

The measurement is made at a normal minimal respiration.
| BMI  | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Height (inches) | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 |
| Body Weight (pounds) | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 |

Obese person or overweight with weight associated condition(s) [H]

Obtain medical history, physical examination and laboratory tests as indicated. Assess behavioral patterns and previous weight loss attempts [I]

Assess patient's readiness to lose weight [J]

Is patient ready to lose weight? [N]

Reinforce knowledge, motivation, skills and support [P]

Reassess readiness to lose weight and follow up

Discuss treatment options. Reach shared decision about goals and treatment plan [K]

Initiate intervention based on risk level and patient preferences. Assess periodically [L]

See Sidebar B

Is patient losing weight? [M]

Assess adherence, modify treatment [O]

Continue monitoring until goals are met

Continue, encourage and monitor

Has goal been met? [N]

Continue, encourage and monitor

Congratulate and initiate relapse prevention/maintenance

Obesity-Associated Chronic Health Conditions
- Hypertension
- Type 2 Diabetes
- Dyslipidemia
- Metabolic Syndrome
- Obstructive Sleep Apnea
- Degenerative Joint Disease

Sidebar B

Interventions Based on Risk and BMI

<table>
<thead>
<tr>
<th>BMI &gt; 25 kg/m² with weight-related condition(s)</th>
<th>Diet, exercise and behavior modification</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI &gt; 30 kg/m² or BMI &gt; 27 kg/m² with weight-related condition(s)</td>
<td>Diet, exercise and behavior modification</td>
</tr>
<tr>
<td>BMI &gt; 40 kg/m² or BMI &gt; 35 kg/m² with obesity associated condition(s)</td>
<td>Diet, exercise and behavior modification</td>
</tr>
</tbody>
</table>

VA/DoD Obesity Clinical Practice Guideline - December 2006
DoD: https://www.QMO.amedd.army.mil
### Obesity ICD-9-CM Codes

<table>
<thead>
<tr>
<th>Obesity</th>
<th>ICD-9-CM Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constitutional) (Exogenous) (Familial) (Simple)</td>
<td>278.00</td>
</tr>
<tr>
<td>Due to hyperalimentation</td>
<td>278.00</td>
</tr>
<tr>
<td>Morbid / Severe</td>
<td>278.01</td>
</tr>
<tr>
<td>Hypothyroid / Thyroid</td>
<td>244.9</td>
</tr>
<tr>
<td>Frolich's (adiposogenital dystrophy)</td>
<td>253.8</td>
</tr>
<tr>
<td>Adrenal</td>
<td>255.8</td>
</tr>
<tr>
<td>Endocrine NEC / Endogenous</td>
<td>259.9</td>
</tr>
<tr>
<td>Glandular NEC</td>
<td>259.9</td>
</tr>
<tr>
<td>Of Pregnancy</td>
<td>649.1</td>
</tr>
<tr>
<td>Complicating Pregnancy, Childbirth of Puerperium</td>
<td>649.1X*</td>
</tr>
</tbody>
</table>

### Associated Codes

<table>
<thead>
<tr>
<th>Counseling/Education by <strong>MD Provider</strong> to an Individual</th>
<th>Use E &amp; M Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling/Education by <strong>MD Provider</strong> to an Group Setting</td>
<td>99078</td>
</tr>
<tr>
<td>Counseling/Risk Factor by <strong>MD Provider</strong> to patient(s) without symptoms or established disease</td>
<td>99401 - 99412</td>
</tr>
<tr>
<td>For Medical <strong>Nutrition Therapy</strong></td>
<td>97802 - 97804</td>
</tr>
<tr>
<td>For Health and Behavior Assessment/Intervention not a part of standardized curriculm</td>
<td>96150 - 96155</td>
</tr>
<tr>
<td>Education and training for patient Self Assessment by a qualified, <strong>Non-Physician Health Care Professional</strong> using a standardized curriculm face-to-face (patient, family, caregiver) each 30 minutes</td>
<td>98960</td>
</tr>
<tr>
<td>&quot; &quot; for 2 - 4 patients</td>
<td>98961</td>
</tr>
<tr>
<td>&quot; &quot; for 5 - 8 patients</td>
<td>98962</td>
</tr>
</tbody>
</table>

*Code 649.1x requires a 5th digit of:

- 0 - Unspecified as to episode of care or not applicable
- 1 - Delivered, with or without mention of antepartum condition
- 2 - Delivered, with mention of postpartum condition
- 3 - Antepartum condition or complication
- 4 - Postpartum condition or complication