The following is from a question-and-answer session that followed the live presentation between the participants and the presenter. The questions and answers have been edited for length and clarity.

Question: Many EHRs flag BMI as non-billable. Would you still use it if your EHR had that pop-up that that's a non-billable code?
Answer: BMI does not need to be placed on the superbill, but it does need to be documented in the patients record. Often there are so many obesity-related complications that the BMI is not placed on the paperwork to the insurer. The diagnosis of obesity would be on the list of diagnosis, however.

Question: Is it possible for someone with a normal waist circumference to have an elevated BMI?
Answer: Yes, it is possible for an individual with a waist circumference that is within normal limits but an elevated BMI. This is likely due to high muscle mass.

Question: How do we determine let body fat on someone with a normal waist circumference and an elevated BMI therefore documenting they do not have obesity.
Answer: Utilizing a bioelectrical impedance scale can measure both the percent of body fat and lean body mass.

Question: The weight history form discussed in the presentation starts at age 21, is there a time that learning about weight at an earlier age is worthwhile.
Answer: Of course, there can be. Often though it is in the early adult ages that people start to see weight gain occurring. When doing a weight history, you can ask simply when your weight was last at what you considered normal. That person may say they have always been heavy even as a child. Two other great questions are what has your highest weight been and what has your lowest weight been. The value of having a weight graph is so you can see what the persons weight journey has looked like across their lifespan.

Question: The presentation mentioned an intake form, when do you give that to a patient? Is it at their initial visit to bring back at the follow-up visit?
Answer: Let's talk about "visit zero." In a primary-care setting, this is the visit where you ask permission. Most of us are not in a setting where patients are coming to us specifically for obesity; they're coming in for something else. We want to be respectful that they might not be expecting you to talk about their obesity. So, what is recommended is you ask permission – "can I discuss your weight?" during the visit that was a well person visit or a chronic disease visit. If they say yes, a response might be, "great, I really would love to talk to you about the science." Then a follow-up visit

is made for this discussion. This is visit zero and the form is provided to them at this time to bring back for visit one, the first one that will focus on obesity.

Question: As you are completing a visit how do you keep track of which anti-obesity medications might not be appropriate for the patient? Do you have a specific transcript that you use?
Answer: One of the things that an intake form does for you is to look at all potential anti-obesity medications and identify which might have available and which are not available for that patient. During the history, documenting in the EHR items such as, "due to history of medullary thyroid cancer (which we rarely see) liraglutice 3 mg would be contraindicated. Patients is on an opioid for chronic pain, Contrave is contraindicated. This can help when discussing medication options with the patient. It may be at an upcoming visit but the notes can help guide this.

Question: What about obesogenic medications, is there an easy resource for us and the patients?
Answer: The Obesity Medicine Association's algorithm has tables that identify obesogenic medication and suggestions of what could replace problematic medications. The Obesity Action Coalition has a very nice handout that is designed for patients

Question: Would you screen for hypercortisolism?
Answer: There are multiple tests including the 24-hour urinary-free cortisol, late-night salivary cortisol (LNSC), dexamethasone suppression test (DST) and the overnight dexamethasone suppression test (ODST). In the presenter's clinical practice, she orders the ODST.

Question: Which patient would you order this for? What are you seeing in your history and physical that makes you think about doing the screening?
Answer: During your physical exam look for the following characteristics:

- Increased adipose tissue in the face (moon facies), upper back at base of neck (buffalo hump) and above the clavicles (supraclavicular fat pads)
- Facial plethora
- Pink or violet colored striae
- Telangiectasia and purpura
- Cutaneous atrophy
- Hypertension
- Edema
- Slow DTRs

Keep in mind this isn't an inexpensive test. Your documentation is going to have to demonstrate why you ordered it.