

Documentation and Coding

Obesity and Morbid Obesity

Obesity is a chronic, progressive disease. Accurately and completely coding and documenting obesity and morbid obesity can help identify and address related comorbidities that may impact our members' overall health status.

According to the **Centers for Disease Control and Prevention:**

- More than 40% of U.S. adults have obesity
- Morbid obesity, or a body mass index of 40 or more, affects 9% of adults
- Adults with obesity have higher risk for developing conditions including heart disease, type 2 diabetes, stroke and some types of cancer

Below is information for outpatient and professional services from the ICD-10-CM Official Guidelines for Coding and Reporting.

Coding Obesity and Morbid Obesity

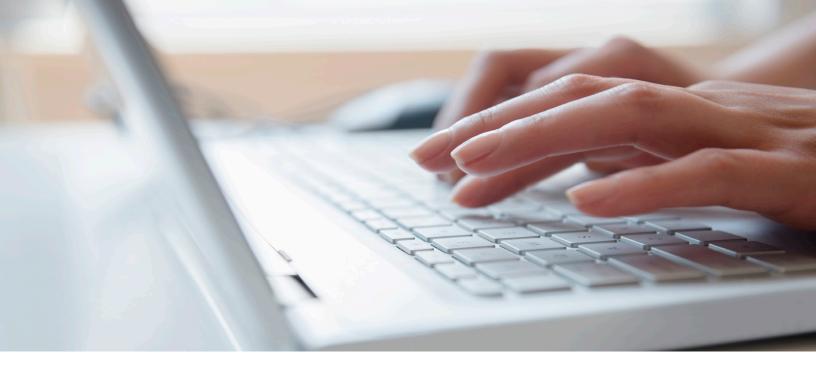
An obesity diagnosis is based on the clinician's diagnostic statement that the member has the condition. An additional code should be used to identify BMI, if known.

According to ICD-10-CM guidelines, the clinician should document that the member is overweight, obese or morbidly obese.

A coding professional shouldn't assign a weight diagnosis based on BMI calculations, lab values or other measurements.

Sample ICD-10-CM Codes for Overweight and Obesity	
E66.01	Morbid (severe) obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.1	Drug-induced obesity
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E66.3	Overweight
E66.9*	Obesity, unspecified

*E66.9 Obesity unspecified is equivalent to Obesity Not Otherwise Specified. This code should rarely be used and only when nothing else, such as the reason for obesity, is known about the disorder.



Obesity Designated by Class

Four new obesity codes have been expanded to better identify various classes of obesity.

Use BMI codes only when there is an associated, reportable diagnosis, such as obesity. A clinician other than the patient's provider, such as a nurse or dietician, may record BMI. However, BMI shouldn't be coded unless the clinician documents the associated diagnosis.

BMI is a screening tool and not an indicator of health.

- BMI adult codes are for people age 20 years and older
- BMI pediatric codes are for people ages 2 to 19
- Don't code BMI in pregnancy

ICD-10-CM Codes for Obesity Class	
E66.811	Obesity Class 1
E66.812	Obesity Class 2
E66.813	Obesity Class 3
E66.89	Other obesity not elsewhere classified

Sample ICD-10-CM Codes for BMI	
Z68.2_	BMI 20-29, adult
Z68.3_	BMI 30-39, adult
Z68.4_	BMI 40 or greater, adult
Z68.5_	BMI, pediatric

Tips to Consider

- Include patient demographics such as name, date of birth and date of service in all progress notes.
- Document legibly, clearly and concisely.
- Ensure providers sign and date all documents.
- Document how each diagnosis was monitored, evaluated, assessed and/or treated, as well as any complications on the associated date of service.
- Take advantage of the Annual Health Assessment or other yearly preventative exam as an opportunity to capture conditions impacting member care.

Resources

• ICD-10-CM Official Guidelines for Coding and Reporting, Chapter 4: Endocrine, Nutritional and Metabolic Disease (E00-E89)

The material presented here is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization.

The fact that a service or treatment is described in this material, is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.