OBESITY/MALNUTRITION

Provider documentation

Excess weight or malnutrition is always going to affect the health of the patient and should be documented for any encounter in which the condition is observed. BMI is a valuable screening tool for weight and nutrition status.

Documentation tips

- Ensure the patient’s BMI is calculated at least once or twice annually.
- Document a weight-related diagnosis for any patient with an abnormal BMI as follows:

<table>
<thead>
<tr>
<th>BMI</th>
<th>Associated condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 16.0</td>
<td>severe malnutrition</td>
</tr>
<tr>
<td>16.00-16.99</td>
<td>moderate malnutrition</td>
</tr>
<tr>
<td>17.00-18.49</td>
<td>mild malnutrition</td>
</tr>
<tr>
<td>18.5-24.99</td>
<td>normal</td>
</tr>
<tr>
<td>25.00-29.00</td>
<td>overweight</td>
</tr>
<tr>
<td>30 to less than 39.9</td>
<td>obese (Classes 1 and 2)*</td>
</tr>
<tr>
<td>40 or greater</td>
<td>morbidly obese (extreme, severe, Class 3)</td>
</tr>
</tbody>
</table>

*Provider can report morbid obesity in a patient with a BMI of 35, if the patient has comorbidities linked to the obesity (e.g., diabetes, hypertension).

- **If a patient’s weight is causing other health issues**, document the health issues and link them to the weight diagnosis. Similarly, if the weight issue is caused by an underlying cause (e.g., hypothyroidism, Cushing’s syndrome, AIDS) document the underlying cause.
- **Document malnutrition, obesity or morbid obesity in your pregnant patient** during each encounter that you address the patient’s weight.
- **Document a treatment plan** for each patient’s weight problem.
- **Cachexia** is weight loss despite caloric intake, seen in many end-stage diseases. Always document cachexia when it is observed.

Associated ICD-10-CM diagnosis

- **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
- **E66.8** Other obesity
- **E66.9** Obesity, unspecified
- **E68** Sequelae of hyperalimentation
- **E40** Kwashiorkor
- **E41** Nutritional marasmus
- **E42** Marasmic kwashiorkor
- **E43** Severe protein-calorie malnutrition NOS
- **E44.0** Moderate protein-calorie malnutrition
- **E44.1** Mild protein-calorie malnutrition
- **E45** Retarded growth following malnutrition
- **E46** Unspecified protein calorie malnutrition
- **R64** Cachexia

Coding directive

- Document also BMI
- Document also BMI
- Document also drug and BMI
- Document also BMI
- Document also BMI
- More specificity desired. Document BMI
- Document also condition

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Excess weight or malnutrition is always going to affect the health of the patient and should be reported as often as it is documented and addressed by the provider. BMI is an important quality measure tool, and is coded whenever documented.

**Coding tips**

- **Code BMI with any encounter where it is documented.** BMIs documented by medical assistants or other support staff are acceptable and may be abstracted from a medical record signed by the treating provider.

- **A pregnant patient being treated or assessed for a weight diagnosis** (i.e., morbid obesity, malnutrition) has a complication of pregnancy, even if the provider does not state it is a complication of pregnancy. Two codes are reported: one for the complication of pregnancy and one for the condition.

<table>
<thead>
<tr>
<th>Adult BMI code</th>
<th>BMI Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z68.1</td>
<td>19 or less, adult</td>
</tr>
<tr>
<td>Z68.-</td>
<td>Append first two digits BMI to create codes for all adult BMIs from 20.0 through 39.9. For example a BMI of 34.5 would be reported as Z68.34.</td>
</tr>
<tr>
<td>Z68.41</td>
<td>40.0-44.9, adult</td>
</tr>
<tr>
<td>Z68.42</td>
<td>45.0-49.9, adult</td>
</tr>
<tr>
<td>Z68.43</td>
<td>50.0-59.9, adult</td>
</tr>
<tr>
<td>Z68.44</td>
<td>60.0-69.9, adult</td>
</tr>
<tr>
<td>Z68.45</td>
<td>70.0 or greater, adult</td>
</tr>
</tbody>
</table>

- **If a BMI seems inappropriate to the diagnosis**, query the provider. If a query is not possible, code the two conditions, even if they conflict (i.e., report an overweight diagnosis with BMI reflecting morbid obesity).

- **Obese abdomen or abdominal obesity** describes localized fat, not obesity. A person with a normal BMI may have abdominal obesity. It is clinically significant because it impairs the physical exam.

- **Use caution in reporting kwashiorkor**, as this disease usually is limited to newly-weaned children in impoverished countries. Query the provider if kwashiorkor appears in the chart of an elderly patient.

- **Use the Index** to find the exact language of the documentation (abnormal weight loss, underweight).

- **Report localized adiposity** for any “apron of fat” documented by the provider. These conditions can lead to integumentary complications.

- **Do not assume obesity is due to excess calories** [E66.01]. Report E66.9, Obesity NOS, when obesity is documented without further specificity.