Closing Gaps & Meeting Metrics Coding Tips & Best Practices

March 2021

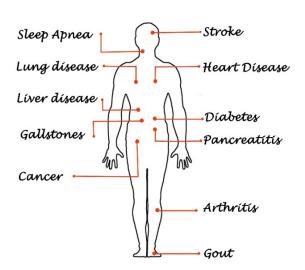
Morbid Obesity

The Centers for Disease Control and Prevention (CDC) reports that more than 93.3 million American adults are obese, meaning, they have too much body fat. Obesity and overweight are conditions that occur when the patient has an underlying condition which causes weight gain, or more commonly, when a patient consumes more calories daily than he or she expends.

Obesity and overweight are conditions based on a person's weight in relation to their height and body mass index (BMI). BMI is a valuable screening tool for physicians in the evaluation of weight and nutritional status. A BMI of 25 or greater is considered higher than normal, but a physician or other qualified health care provider is required to make a diagnosis of overweight or obese.

Morbid obesity is defined by the CDC simply as a BMI \geq 40. The National Institutes of Health (NIH) indicates that morbid obesity should be identified as a **severe** obesity that includes patients with a BMI \geq 40 or BMI = 35.0-39.9 who have at least one significant comorbidity related to obesity. The ICD-10-CM guidelines section I (C.21.c.3) states, "physicians have the discretion to align their weight diagnosis with their assessment of the patient's weight and comorbidities."

Complications of Obesity



CDC Adult Body Mass Index (BMI)

ВМІ	Associated Condition	
Less than 18.5	Underweight	
18.5-24.99	Normal	
25.00-29.9	Overweight	
30.0-34.9	Class 1 obesity (overweight)	
35.0-39.9	Class 2 obesity (obese)	
40 or greater	Class 3 obesity (morbidly/severe obese)	

Note: ICD-10-CM uses the nomenclature **overweight**, **obese**, and **morbidly obese** rather than Class 1, 2, or 3 BMI scores adopted by the CDC.

Morbid obesity greatly increases the patient's risk for other disorders. Significant comorbid conditions include type 2 diabetes, hypertension, dyslipidemia, cardiovascular disease (coronary artery disease, peripheral vascular disease, carotid artery disease, abdominal aortic aneurysm), obstructive sleep apnea and obesity-hyperventilation syndrome.

Any diagnosis of obese or morbidly obese should be documented for any encounter in which the condition is observed.

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Documentation Tips

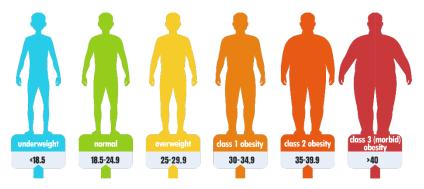
A BMI alone is not a weight diagnosis. It is a tool for determining a weight diagnosis. Use the following tips to ensure complete documentation of obesity.

- Measure BMI with each patient visit, at least once or twice annually. Explicitly document if the patient is overweight, obese or morbidly obese based on the BMI.
- When BMI is abnormal, document and code it along with the corresponding disease state (i.e., overweight, obese or morbidly obese).
- Abnormal BMI must include the associated conditions to be documented as well (e.g., hypertension and diabetes are etiologically linked to obesity).
- Identify the cause of the weight issue as excess calorie intake (hyperalimentation), adverse effect of a medication (document drug) or other cause.
- Note that the code for morbid obesity (E66.01) was renamed to include 'due to excess calories.'
- Explicitly document treatment plan and follow-up.
 - o Diet, exercise, behavior modification, monitor weight
 - Medications: orlistat, or phentermine, etc.
 - Treatment of hypothyroidism (Synthroid, etc.)
- Any clinician can document BMI in the patient's medical record.
- Physicians and other health care professionals must document the condition and its medical significance (e.g., overweight/morbid obesity).

Coding Tips

Use the following tips to accurately and completely code for obesity.

- Base an obesity diagnosis on the clinician's diagnostic statement that the patient has the condition. Use an additional code to identify BMI, if known.
- Use the physicians' statement to assign the corresponding E66 code. A coder cannot infer a weight diagnosis based on BMI calculations, lab values or other measurements.
- A clinician other than the patient's provider, such as a nurse or dietician, may record BMI. However, do
 not code BMI unless the clinician documents the associated weight diagnosis (Coding Clinic, Fourth
 Quarter, 2018).
- For drug-induced obesity (E66.1), use an additional code to identify the drug.



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ICD-10 Codes for Overweight, Obesity, Morbid Obesity and BMI

ICD-10 CM	Description
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 hypotension
E66.3	Overweight
E66.8	Other obesity
E66.9	Obesity, unspecified
Z68.35	Body mass index (BMI) 35.0 – 35.9, adult
Z68.36	Body mass index (BMI) 36.0 – 36.9, adult
Z68.37	Body mass index (BMI) 37.0 – 37.9, adult
Z68.38	Body mass index (BMI) 38.0 – 38.9, adult
Z68.39	Body mass index (BMI) 39.0 – 39.9, adult
Z68.41	Body mass index (BMI) 40.0 – 44.9, adult
Z68.42	Body mass index (BMI) 45.0 – 49.9, adult
Z68.43	Body mass index (BMI) 50.0 – 59.9, adult
Z68.44	Body mass index (BMI) 60.0 – 69.9, adult
Z68.45	Body mass index (BMI) 70 or greater, adult

Documentation and Coding Example

Assessment/Plan	Morbid obesity recorded BMI is 40.2 – patient admits to overeating. Discussed dietary changes and reduced caloric intake at length. Will schedule consult appointment with our registered dietician. Type 2 Diabetes without complications: A1c within normal limits. Continue current medication.
ICD-10-CM Codes	 E66.01 – Morbid (severe) obesity due to excess calories Z68.41 – BMI 40.0 - 44.9, adult
	E11.9 – Type 2 Diabetes mellitus without complications
	Z71.3 – Dietary counseling and surveillance

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Conclusion

Physicians must document a descriptive diagnostic term to express the clinical significance of a patient's BMI.

If a patient has	Report an additional code from…
Morbid (severe) obesity due to excess calories (E66.01)	Z68.41-Z68.45
BMI > 35–39.9 with a related comorbidity (for example, DM, HTN, COPD, etc.) with supportive documentation of the comorbid conditions	Z68.35–Z68.39

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References

- CDC
- ICD-10-CM 2022 Guidelines
- ICD-10-CM Coding Manual
- AAPC
- NIH

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