

# Obesity Coding Quick Reference Guide



**Risk Stratification** refers to the alignment of patients with the right clinical initiatives, according to their clinical complexity. Accurately and completely documenting and communicating a patient's chronic diagnoses drives such care coordination and high-quality clinical care. Diagnosis coding and documentation should always capture the complete picture of a patient's health status at the highest level of specificity appropriate for the patient.

## Clinical Information and Documentation Tips

The National Institutes of Health define of morbid obesity with the following criteria:

- Being 100 pounds or more above ideal body weight; or
- Having a BMI of 40 or greater; or
- Having a BMI of 35 or greater and one or more comorbid conditions

Note: comorbid conditions include but are not limited to: diabetes mellitus, hypertension, obstructive sleep apnea, hyperlipidemia and osteoarthritis. A comorbid condition is any chronic health condition that is exacerbated or worsened by obesity. The documentation must reflect a relationship between the BMI/obesity and comorbid condition.

Code selection is based on the specific text used to describe the level of obesity in the encounter documentation. Only obesity specifically documented as **“severe”**, **“morbid”** or **“class 3”** are included in the Medicare Risk Adjustment models.

### Questions to Ask Before Choosing a Code:

- ✓ What is my patient's BMI?
- ✓ What is the cause of the obesity?
- ✓ Does my patient have comorbidities?
- ✓ Does my documentation show that I have monitored, evaluated, assessed or treated obesity?

### Reminders + Tips:

BMI Z codes are secondary codes that must be used in combination with another diagnosis.

- BMI Z codes should be used in combination with the code for morbid obesity, when appropriate (BMI > 40 or BMI > 35 with a comorbid condition).
- BMI Z codes can also be used when linked to comorbid condition codes.

This information is a tool for addressing common billing and coding issues, which are explained more fully in the CPT® Manual and the official, CMS-approved ICD-10 guidelines. You should not rely exclusively on this information. Providers bear full responsibility for their own billing and coding, as well as compliance with all applicable Federal and state laws and regulations.

## Best Documentation Practices

### Subjective

In the subjective section of the office note, document the presence or absence of current symptoms related to obesity.

### Objective

The objective section should describe current physical exam findings related to obesity and its complications or manifestations with cause-and-effect linkage clearly documented.

- Document the patient's height, weight and BMI
- In the physical exam, describe to the highest specificity any current associated observations (such as overweight, obese, morbidly obese, etc.).

### Assessment

**Specificity:** Document the overweight or obesity diagnosis to the highest level of specificity. Include all of the following:

- **Severity** – Overweight, obese, or morbidly obese
- **Contributing Factors** – Excessive calories or drug induced
- **Association** – Pregnancy
- **Complications** – Document clear linkage between underlying conditions that caused the overweight or obesity condition and between the BMI and other diagnoses for which the BMI has clinical significance. Use linking terms that clearly show cause-and-effect such as “with,” “due to,” “secondary to,” “associated with,” “related to,” etc.

**Abbreviations:** Limit, or avoid altogether, the use of abbreviations. Best practice is as follows:

- The initial notation of the condition should be spelled out in full with the abbreviation in parentheses. Subsequent mention of morbid obesity can be made using the abbreviation.

**Current vs. Historical:** Do not use the descriptor “history of” to describe current obesity.

- In diagnosis coding, the phrase “history of” means the condition is historical and no longer exists as a current/active problem.

### Plan

- Document a specific and concise treatment plan for obesity and all associated conditions
- Diet and exercise counseling
- Patient education related to obesity
- If referrals are made or consultations requested, the office note should indicate to whom or where the referral of consultation is made or from whom consultation advice is requested.
- Include the date or time frame for the next appointment

### Associated Conditions

According to ICD-10 guidelines, “Z” codes for BMI status are defined as secondary diagnoses. Secondary diagnosis codes are only reported when documented with a primary diagnosis for which the BMI has clinical significance and only when the BMI meets the definition of a reportable additional diagnosis (per ICD-10-CM Official Guidelines for Coding and Reporting).

A diagnosis for which BMI has clinical significance is any primary condition that can be improved with a lower BMI or weight loss, or worsened with an increase in BMI or weight gain.

Common comorbidity examples include: diabetes mellitus, hypertension, obstructive sleep apnea, hyperlipidemia.

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## Common ICD-10 diagnosis codes

Obesity	ICD-10	V24 HCC	V28 HCC
Morbid (severe) obesity due to excess calories	E66.01	22	48
Other obesity due to excess calories	E66.09	–	–
Drug-induced obesity	E66.1	–	–
Morbid (severe) obesity with alveolar hypoventilation	E66.2	22	48
Overweight	E66.3	–	–
Obesity, unspecified	E66.9	–	–

BMI Status	ICD-10	V24 HCC	V28 HCC
Body mass index (BMI) 30.0-39.9, adult*	Z68.3*	–	–
Body mass index (BMI) 40.0-44.9, adult	Z68.41	22	48
Body mass index (BMI) 45.0-49.9, adult	Z68.42	22	48
Body mass index (BMI) 50.0-59.9, adult	Z68.43	22	48
Body mass index (BMI) 60.0-69.9, adult	Z68.44	22	48
Body mass index (BMI) 70 or greater, adult	Z68.45	22	48

Additional Codes	ICD-10	V24 HCC	V28 HCC
Obesity complicating pregnancy, unspecified trimester	O99.210	–	–
Obesity complicating childbirth	O99.214	–	–
Dietary counseling and surveillance	Z71.3	–	–
Bariatric surgery status	Z98.84	–	–

\*Indicates additional character(s) required to complete code assignment