

OBESITY/MALNUTRITION

Physician 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. **Body mass index (BMI)** is a valuable screening tool for weight and nutrition status.

Documentation Tips

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

BMI	Associated Condition
less than 16.0	severe malnutrition
16.00-16.99	moderate malnutrition
17.00-18.49	mild malnutrition
18.5-24.99	normal
25.00-29.00	overweight
30 to less than 39.9	obese (Classes 1 and 2)
40 or greater	morbidly obese (extreme, severe, Class 3)

- **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 (eg, hypothyroidism, Cushing's syndrome, AIDS), document the underlying cause.
- **Document malnutrition, obesity, or morbid obesity in pregnant patient** during each encounter that addresses the patient's weight.
- **Document a treatment plan** for each patient's weight problem.
- **Cachexia** is weight loss despite caloric intake, seen in some end-stage diseases. Always document cachexia when it is observed. "Cachexic" describes a patient, but is not a diagnosis of cachexia.
- **Report any sequelae** of hyperalimentation in a patient who remains obese, or who has successfully undergone bariatric surgery (eg, bilateral osteoarthritis of the knees, as sequelae of morbid obesity).

Associated ICD-10-CM Diagnosis		Directive
E40	Kwashiorkor	Caution: Very rarely seen in US
E41	Nutritional marasmus	Caution: Very rarely seen in US
E42	Marasmic kwashiorkor	Caution: Very rarely seen in US
E43	Severe protein-calorie malnutrition NOS	Document also BMI
E44.0	Moderate protein-calorie malnutrition	Document also BMI
E44.1	Mild protein-calorie malnutrition	Document also BMI
E45	Retarded growth following malnutrition	Document also BMI
E46	Unspecified protein calorie malnutrition	Document also BMI
E66.01	Morbid (severe) obesity due to excess calories	Document also BMI
E66.09	Other obesity due to excess calories	Document also BMI
E66.1	Drug-induced obesity	Document also drug and BMI
E66.2	Morbid (severe) obesity with alveolar hypoventilation	Document also BMI
E66.3	Overweight	Document also BMI
E66.9	Obesity, unspecified	More specificity desired. Document BMI
E68	Sequelae of hyperalimentation	Document also condition
R64	Cachexia	Document also BMI

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Coder Abstraction

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 physician. **BMI** is an important quality measure tool, and is coded whenever documented.

Coding Tips

- **Code BMI with any encounter in which it is documented along with a weight-related diagnosis.** There are HCPCS Level II codes for reporting compliance with BMI quality measures and these can be reported in physician offices when a weight diagnosis is not present. Some EHRs automatically generate the HCPCS Level II BMI codes; in other systems, coders abstract them.
- **A pregnant patient being treated or assessed for a weight diagnosis** (ie, morbid obesity, malnutrition) has a complication of pregnancy, even if the physician does not state it is a complication of pregnancy. Two codes are reported: one for the complication of pregnancy and one for the condition.
- **“Cachexic” is not a diagnosis;** “cachexia” is. Cachexia occurs when the patient’s metabolism resists nutrition in late stages of AIDS, COPD, dementia, and other diseases.
- **Use caution in reporting kwashiorkor,** as this disease is usually limited to newly weaned children in impoverished countries. Query the physician if kwashiorkor appears in the chart of an elderly patient.
- **Use the Alphabetic Index** to find the exact language of the documentation (eg, abnormal weight loss, underweight).

ICD-10-CM Guideline Section I(C.15.a.1)

It is the provider’s responsibility to state that the condition being treated is not affecting the pregnancy.

- **If a BMI seems inappropriate to the diagnosis,** query the physician. If a query is not possible, code the two conditions, even if they conflict (eg, 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 examination.

Adult BMI Code	BMI Description
Z68.1	19 or less, adult
Z68.-	Append first two digits of BMI to Z68 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.
Z68.41	40.9-44.9, adult
Z68.42	45.0-49.9, adult
Z68.43	50.0-59.9, adult
Z68.44	60.0-69.9, adult
Z68.45	70.0 or greater, adult

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