

Obesity documentation guidelines

To capture the full disease burden of a patient's obesity, follow the documentation guidelines below.

Coding clarifications

BMI cannot be reported without a diagnosis with MEAT support associated with it.

- Coding cannot make clinical assumptions for a diagnosis; it must be documented by the provider.
- Documentation of an obese *abdomen* does not generate a diagnosis of obesity.

BMI chart

BMI	Associated condition
Less than 18.5	Underweight
18.5 - 24.99	Normal
25.0 - 29.9	Overweight
30.0 to less than 34.9	Class 1 Obesity (Overweight)
35.0 - 39.9	Class 2 Obesity (Obesity)
40 or greater	Class 3 Obesity (Extreme/Severe/Morbid Obesity)

Documentation guidelines

Do: Provide supporting documentation with a diagnosis of 'obesity' in the visit note.	Do document: Weight related conditions such as hypothyroidism as related to BMI.
• Documentation of 'obese' in the exam needs to be specified with MEAT to capture this diagnosis.	 Other examples include Alveolar hypoventilation/ Pickwickian Syndrome or Prader-Willi syndrome.
Do: Include a weight-related diagnosis with a reported BMI.	<i>Do document:</i> Drug-induced obesity (latrogenic obesity) with medication name.
 Ex: Obesity, Morbid obesity, Severe obesity, Class 3 obesity as appropriate Document conditions contributing to obesity (ex: due to excess calories) According to ICD-10-CM Coding Guidelines "BMI codes should only be assigned when there is an associated, reportable diagnosis." BMI code alone cannot be supported by the weight related diagnoses code. 	 Document other adverse effects of the medication.
Do document: Morbid obesity if the BMI is ≥ 35 and the patient has one or more related co-morbid conditions.	Do document: Weight management or weight loss recommendations/ strategies provided as part of treatment plan.
• Link co-morbid conditions, as appropriate.	• The patient was educated on the importance of healthy eating choices and regular exercise. They were referred to a nutritionist.
Do document: Weight gain associated to fluid retention/overload or correlating conditions.	Do document: Muscular body composition contributing to high BMI.



References:

- 1. Sheri Poe Bernard Ccs-P. CDEO CPC CRC. *Risk Adjustment Documentation & Coding*, 2nd Edition. American Medical Association Press, pp.218-222.
- 2. Prescott, L., Manz, J., Reiter, A. (2023). 2023 ACDIS Outpatient Pocket Guide The essential CDI Resource for Outpatient Professionals (pp. 177-180).: HCPro, a Simplify Compliance Brand.