

The National Institutes of Health (NIH) recognizes that patients with clinically severe obesity (excessive fat stores and a Body Mass Index (BMI) ≥ 40 or ≥ 35 with co-morbid conditions) are at high risk for obesity-associated morbidity and mortality. The following may be used as a reference guide for morbid obesity documentation and coding.

Diagnosis and Evaluation

- BMI, evaluated with other patient characteristics, can be used to diagnose morbid (severe) obesity and assess weight-related health risks
- BMI should be measured annually and can be documented by clinicians (MA, LPN)
- History and physical exam should focus on weight-related conditions, weight trajectory, and previous weight loss attempts (bariatric surgery, medications)

Documentation Tips

The diagnosis of morbid (severe) obesity must be made and documented by the clinician based on the patient's condition(s), clinical criteria, and clinician's professional judgment. **Morbid (severe) obesity cannot be coded based on BMI alone without supporting documentation of morbid obesity by the clinician.**

Determine and document the level of obesity using standard clinical resources for your practice. For morbid, severe, or extreme obesity, document and code:

- (E66.01) Morbid (severe) obesity due to excess calories
- (E66.2) Morbid (severe) obesity with alveolar hypoventilation (if appropriate)

Identify and document any obesity-associated comorbidities (e.g., diabetes, hypertension, CAD, etc.).

Document the treatment plan or plan of care: nutrition management, behavioral therapy, physical activity, bariatric surgery, and/or medications (e.g., phentermine, topiramate, orlistat, etc.), as applicable.

- **Tip:** For patients who have had bariatric surgery and/or sufficient weight loss, the diagnosis should be documented as "having a history of morbid obesity" rather than morbid obesity as a current condition.



Morbid Obesity A Quick Reference Guide for Providers

There is not a “master list” of comorbid conditions, as more than 230 comorbid conditions have been observed with obesity. Below is a partial list of a few examples of co-morbidities (not an all-inclusive list):

- Diabetes mellitus type 2
- Obstructive sleep apnea
- Arthritis of load-bearing joints
- Past medical history of myocardial infarction
- Hypertension
- Heart failure
- Atrial fibrillation
- Dyslipidemia

Use additional code to identify BMI, if known (recommended)	
BMI ≥ 35.0	BMI ≥ 40.0
<ul style="list-style-type: none">• (Z68.35) Body mass index 35.0-35.9, adult• (Z68.36) Body mass index 36.0-36.9, adult• (Z68.37) Body mass index 37.0-37.9, adult• (Z68.38) Body mass index 38.0-38.9, adult• (Z68.39) Body mass index 39.0-39.9, adult	<ul style="list-style-type: none">• (Z68.41) Body mass index 40.0-44.9, adult• (Z68.42) Body mass index 45.0-49.9, adult• (Z68.43) Body mass index 50.0-59.9, adult• (Z68.44) Body mass index 60.0-59.9, adult• (Z68.45) Body mass index 70.0 or greater, adult

For questions or more information, please contact:

Christine Gallego, RHIT, CCS, CCS-P, CRC
Provider Educator
CGallego@mvphealthcare.com
585-885-2555

Julie Eisen, CPC, CRC, CPMA
Provider Educator
JEisen@mvphealthcare.com
518-901-0619