

Malnutrition and Morbid Obesity

Risk Adjustment Coding Quick Guide

Morbid Obesity:

BMI should be measured on a yearly basis and during/after acute exacerbations of chronic illness.

BMI can be documented by clinician other than provider (such as an MA or LPN) but diagnosis, such as morbid obesity, must be made by provider.

If a patient has a BMI ≥ 35 in addition to one or more co-morbid conditions that can be linked to obesity, such as high blood pressure or diabetes, the patient is considered to have morbid obesity. Patients with morbid obesity should be screened for complications that commonly occur with this illness.

Documentation of BMI alone cannot be used to code or assume morbid obesity; a provider must document the medical condition of "morbid obesity" or "severe obesity" in the patient's medical record for it be coded as such.

Diagnosis	Dx Code
Morbid (severe) obesity due to excess calories	E66.01 + BMI code
Morbid (severe) obesity with alveolar hypoventilation	E66.2 + BMI code
40.0-44.9 Body mass index [BMI], adult	Z68.41
45.0-49.9 Body mass index [BMI], adult	Z68.42
50.0-59.9 Body mass index [BMI], adult	Z68.43
60.0-69.9 Body mass index [BMI], adult	Z68.44
70 or greater Body mass index [BMI], adult	Z68.45

Malnutrition:

Diagnosis	Dx Code
Unspecified severe protein-calorie malnutrition	E43
Moderate protein-calorie malnutrition	E44.0
Mild protein-calorie malnutrition	E44.1
Unspecified protein-calorie malnutrition	E46
Sequelae of protein-calorie malnutrition	E64.0
Cachexia	R64

If you describe your patient as cachectic, consider including "cachexia" as a diagnosis in your assessment and plan.

Malnutrition codes cannot be coded from an RD consult, only when confirmed and diagnosed in a face-to-face encounter with a qualified provider.