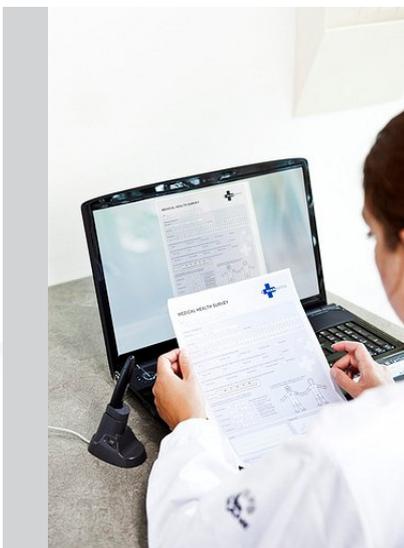


Coding Confidently



Coding for BMI has been a struggle in the past and continues to be for both new and veteran coders. With the fiscal year 2019 ICD-10-CM Official Guidelines for Coding and Reporting updates, we received an important update:

“ **BMI codes should only be assigned when the associated diagnosis (such as overweight or obesity) meets the definition of a reportable diagnosis (see Section III, Reporting Additional Diagnoses). Do not assign BMI codes during pregnancy.** -OGCR I.C.21.c.3.



This updated guideline reinforces and clarifies a Coding Clinic from 2010:

"...the BMI may be assigned based on medical record documentation from clinicians, including nurses and dietitians who are not the patient's provider. However, the associated diagnosis (such as overweight, obesity, or underweight) must be documented by the provider."

-Coding Clinic, Second Quarter 2010 Page: 15,
Effective with Discharges: July 7, 2010.



This, of course, brought up new questions regarding other potential associated diagnoses. We are all familiar with the diagnosis codes in category E66, Overweight and Obesity, but what else should coders be looking for in the provider documentation? Luckily, the Fourth Quarter 2018 Coding Clinics have provided us with some additional guidance.

The guidance in the following Coding Clinic advice(s) is effective with discharges: October 8, 2018:

Q Is there a list of diagnosis codes that are associated with the body mass index (BMI) measurement codes? Can BMI codes be assigned without a corresponding documented diagnosis of overweight, obesity or morbid obesity from the provider?

A No, the provider must provide documentation of a clinical condition, such as overweight, obesity or morbid obesity, to justify reporting a code for the body mass index. As stated in the Official Guidelines for Coding and Reporting, Section I.B.14, the associated diagnosis (such as overweight or obesity) must be documented by the patient's provider. If the linkage between the BMI and a clinical condition is not clearly documented, query the provider for clarification. ICD-10- CM does not provide definitions, or a list of diagnosis codes associated with BMI.

Q If the provider documents obesity or morbid obesity in the history and physical and/or discharge summary only, without any additional documentation to support the clinical significance of this condition, can it be coded? There is no other documentation to support clinical significance for this condition such as evaluation, treatment, increased monitoring, or increased nursing care, etc.

A Obesity and morbid obesity are always clinically significant and reportable when documented by the provider. In addition, if documented, the body mass index (BMI) code may be coded in addition to the obesity or morbid obesity code.

Q If the provider documents "overweight" in the history and physical and/or discharge summary only, without additional documentation to support the clinical significance of this condition, can it be coded? There is no other documentation to support clinical significance. Can we also assign the BMI code?

A No, neither the code for overweight nor the BMI code is assigned if there is no documentation that the diagnosis of "overweight" meets the definition of a reportable secondary diagnosis. While "overweight" may place a patient at increased risk for certain medical conditions, it does not automatically meet the definition of a reportable diagnosis.

Q When a patient has a BMI below 40, but morbid obesity is documented by the anesthesiologist (no other documentation regarding the patient's obesity is recorded in the health record), is it appropriate to code morbid obesity or is a query recommended?

A Codes for overweight, obesity or morbid obesity are assigned based on the provider's documentation of these conditions. Therefore, if morbid obesity is documented, assign code E66.01, Morbid (severe) obesity due to excess calories. While the BMI is used as a screening tool for patients who are overweight or obese, there is no coding rule that defines what BMI values correspond to obesity or morbid obesity, since the conditions are coded only when diagnosed and documented by the provider or another physician involved in the patient's care. Documentation from physicians other than the attending physician (i.e., consultants, residents, anesthesiologists, etc.) is acceptable, as long



Q When a patient has obesity related conditions such as diabetes mellitus, obstructive sleep apnea or hypertension, does that affect which code to assign (morbid obesity vs. obesity)?

A Code assignment for obesity or morbid obesity is based on the provider's explicit documentation of the condition.

Q A three-year-old is admitted to the hospital with physical signs of undernutrition and growth rate that was less than the 5th percentile for his age. The physician diagnosed failure to thrive. Would it be appropriate to assign the BMI as an additional code? How should this case be coded?

A Yes, it is appropriate to assign the BMI code when the patient has an associated diagnosis, such as failure to thrive. Assign code R62.51, Failure to thrive (child), as the principal diagnosis. Code Z68.51, body mass index (BMI) pediatric, less than 5th percentile for age, should be assigned as an additional diagnosis.

Q Is the BMI measurement assigned as an additional code with diagnoses, such as malnutrition, anorexia nervosa or other eating disorders, cachexia, and abnormal weight loss/gain, when there is no instruction in the Tabular list to use an additional code to identify body mass index?

A Yes, it would be appropriate to assign the BMI as a secondary code with associated diagnoses such as malnutrition, anorexia nervosa or other eating disorders, cachexia, and abnormal weight loss/gain.

Q If the provider documents "underweight," can we assign the appropriate Z code for BMI?

A If the provider documents "underweight," the Z code for the documented BMI may be assigned. As stated in the Official Guidelines for Coding and Reporting, Section I.B.14, the associated diagnosis (such as overweight or obesity) must be documented by the patient's provider. The guideline was not intended to limit the reporting of the Z code for BMI to only overweight and obesity.



Now that you can confidently code for BMI and its associated condition(s),
APPLY it in your daily work.

*Email other topics of interest for future newsletters to:
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