Weight-Related Diagnoses

It is important to accurately document and code morbid obesity, malnutrition and cachexia.

Morbid (severe) obesity due to excess calories (E66.01)

Morbid obesity affects medical decision making along with the patient's treatment plan.

Documentation

▶ Codes for overweight, obesity or morbid obesity must be assigned based on the provider's documentation of this condition. Therefore, if morbid obesity is documented, assign code **E66.01** – Morbid (severe) obesity due to excess calories.

▶ While the body mass index (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. The provider must also document the diagnosis **and** the care plan.

Coding Tips

▶ Any patient with BMI > 40 should be evaluated for severe obesity with the appropriate diagnosis code assigned: **E66.01** – Morbid (severe) obesity due to excess calories.

▶ It is important to evaluate and code for severe obesity in patients with comorbidities, even if the BMI is below 40. Some examples of these comorbidities include heart disease, Type 2 diabetes, hypertension, previous stroke or osteoarthritis.

▶ If the BMI is associated with a weight-related diagnosis such as morbid obesity, both the BMI and the weight-related diagnosis should be documented and coded. For example, a patient with documented severe obesity and lifestyle modification counseling and a documented BMI of 42 would be coded as **E66.01** and **Z68.41**.

Morbid Obesity	
Description	**Code**
Morbid (severe) obesity due to excess calories	E66.01-
Other obesity due to excess calories	E66.09-
Morbid (severe) obesity with alveolar hypoventilation	E66.2-
Body mass index (BMI) 40.0-44.9, adult	Z68.41
Body mass index (BMI) 45.0-49.9, adult	Z68.42-
Body mass index (BMI) 50.0-59.9, adult	Z68.43-
Body mas index (BMI) 60.0-69.9, adult	Z68.44-
Body mass index (BMI) 70 or greater, adult	Z68.45-

TIP:

A BMI alone is not a weight-related diagnosis. The appropriate diagnosis of obesity, morbid obesity and/or malnutrition is required as well.

Patrius Health

Malnutrition (E46-)

According to the World Health Organization, "Malnutrition refers to deficiencies, excesses, or imbalances in a person's intake of energy and/or nutrients." The term malnutrition addresses three broad groups of conditions:

▶ Undernutrition, which includes wasting (low weight-for-height), stunting (low height-for-age) and underweight (low weight-for-age).

▶ Micronutrient-related malnutrition, which includes micronutrient deficiencies (a lack of important vitamins and minerals) or micronutrient excess.

▶ Overweight, obesity and diet-related non-communicable diseases (such as heart disease, stroke, diabetes and some cancers).

Documentation

▶ Document clear and concise language. State "malnutrition" (a diagnosis) rather than "malnourished" (an adjective describing the patient's appearance).

▶ A BMI alone is not enough to support an E66 – diagnosis code. Documentation should include the appropriate weight diagnosis – overweight, obesity or morbid obesity. The provider must also document the diagnosis **and** the care plan.

Coding Tips

▶ Malnutrition is considered a severe condition; therefore, it risk-adjusts to almost twice the value of morbid obesity.

▶ The severity of the patient's malnutrition cannot be assumed and must be documented by the provider. Use **E46** Unspecified Protein-Calorie Malnutrition when the documentation states "malnutrition" and severity is not specified.

▶ When there are late effects, use code **E64.0** – sequelae of protein-calorie malnutrition.

Malnutrition	
Description	Code
Unspecified severe protein-calorie malnutrition	E43
Moderate protein-calorie malnutrition	E44.0
Mild protein-calorie malnutrition	E44.1
Retarded development following protein-calorie malnutrition	E45
Unspecified protein-calorie malnutrition	E46

Reference: World Health Organization. (June 9, 2021). Malnutrition. www.who.int/news-room/fact-sheets/detail/malnutrition

Cachexia (R64)

Severe weight loss associated with chronic disease that does not correct with nutritional supplementation.

Documentation

▶ Document with clear and concise language. State "cachexia" (a diagnosis) rather than "cachectic" (an adjective describing the patient's appearance).

▶ BMIs associated with cachexia are not enough to code for the diagnosis. The provider must also document the diagnosis **and** the care plan.

Coding Tips

▶ The code for cachexia is easy—**one single code: R64**