Coding accuracy tips: Morbid Obesity and BMI

According to the AAPC, a diagnosis of morbid obesity is always clinically significant and should always be reported. Coding morbid obesity and BMI accurately requires the following documentation:

- Always report BMI documented with a weight-related diagnosis.
- Never convert a BMI code to a weight diagnosis. The provider must document a weight diagnosis for the BMI to be abstracted.
- Code the provider diagnosis, regardless of documented BMI:
  - e.g., Provider documents obesity with a BMI of 45, then obesity would be abstracted
  - e.g., a BMI of 32.9 is noted, the provider documents morbid obesity, then morbid obesity should be abstracted with no query
  - e.g., a BMI of 52 is noted with no weight diagnosis, the provider should be queried. If no weight diagnosis is documented, then the BMI cannot be reported.
- Comorbidities do not change a documented diagnosis of obesity into morbid obesity, and they do not affect the weight-related diagnosis from the provider.

**Note:** The BMI is a screening tool. The provider’s weight diagnosis is the only acceptable documentation for coding morbid obesity.

**References**
AHA coding clinic, 4th Qtr, 2018, pges 77-83

*Independence Blue Cross coding and documentation education materials are based on current guidelines, are to be used for reference only, and are not intended to replace the authoritative guidance of the ICD-10-CM Official Guidelines for Coding and Reporting as approved by the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), the Centers for Medicare & Medicaid Services (CMS) and the National Center for Health Statistics (NCHS). Clinical and coding decisions are to be made based on the following:*

1. The independent judgment of the treating physician or qualified health care practitioner.
2. The best interests of the patient.
3. The clinical documentation as contained in the medical record.