

Documentation Tips: Obesity

Improving documentation and coding

Body mass index cannot be a standalone diagnosis. When applicable, a clinical/nutritional diagnosis, such as overweight, obesity or morbid obesity, must be documented using an **International Classification of Diseases, 10th Revision, Clinical Modification**, obesity code in addition to the BMI. The accompanying BMI measure is used to support the diagnosis.

Documenting obesity

- Obesity type: overweight, obesity or morbid (severe) obesity
- BMI calculation with height and weight
- Use additional code for BMI
- Comorbid conditions

BMI classifications

- Overweight BMI more than or equal to 25.0 to 29.9 kg/m²
- Obesity BMI more than or equal to 30 kg/m²
 - Class I, BMI of 30.0 to 34.9 kg/m²
 - Class II, BMI of 35.0 to 39.9 kg/m²
 - Class III, BMI more than or equal to 40 kg/m²

Obesity code examples

ICD-10-CM codes	Description
E66.01	Morbid (severe) obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.1	Drug-induced obesity
E66.2	Morbid (severe) obesity with alveolar hypoventilation (Pickwickian Syndrome)
E66.3	Overweight
E66.8	Other obesity
E66.9	Obesity, unspecified obesity not otherwise specified

Coding tips

- Use additional code to identify BMI, if known (Z68.-)
- For E66.1 use additional code for adverse effect, if applicable, to identify drug (T36–T50)

Obesity example

Patient is a 71-year-old white female presenting for refills of carvedilol and furosemide. PMH significant for R breast cancer, mastectomy, obesity and CHF. Lost 4 lbs. since last visit.

- Temperature: 99.2°
- Blood pressure: 140/94
- Pulse: 88
- Height: 5'1"
- Weight: 265 lbs.

Assessment Plan

- Pulmonary edema with heart failure
- Refill carvedilol CR 40mg qd, #30, 2 refills; furosemide 40 mg bid, #60, 2 refills
- Morbid obesity – continue low-fat diet provided during AWW

Coded as

- I50.1 – Left ventricular failure, unspecified (heart failure w/edema)
- E66.01 – Morbid obesity due to excess calories
- Z68.43 – Body Mass Index 50.0–59

You must confirm the accuracy of reported diagnoses and ensure that your practice complies with the **ICD-10-CM Official Guidelines for Coding and Reporting** and applicable legal requirements. Accurate and complete risk adjustment documentation and coding enable us to provide access to quality care and may signal member eligibility for condition-specific programs, including wellness, weight loss, and disease and care management.

Additional information

If you have questions or believe any codes were previously submitted in error, please contact your HealthSpring Provider Education specialist. Visit **[HealthSpring.com/Providers](https://www.healthspring.com/providers)**.



The material presented here is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization. The fact that a service or treatment is described in this material, is not a guarantee that the service or treatment is a covered benefit and members should refer to their evidence of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

HealthSpring products and services are provided exclusively by or through operating subsidiaries of Health Care Service Corporation, a Mutual Legal Reserve Company. © 2026 Health Care Service Corporation. All Rights Reserved.