Acuity Documentation: Morbid Obesity

Best Practice: Document with M.E.A.T.

Monitor
- Review signs and symptoms
- Review logs (blood sugar, BP)
- Disease progression/regression noted

Evaluate
- Reviewing lab/test results
- Review of diagnostic tests
- Medication/treatment effectiveness
- Relevant physical examination

Assess/ Address
- Stable, improving, worsening, etc.
- Discussion/counseling
- Exacerbation of condition
- Relevant record review

Treat
- Referral to specialist
- Adjusting, refilling, prescribing medication
- Surgical procedures

Noting any <u>one</u> of the M.E.A.T criteria will satisfy the documentation requirements needed to code that condition on a claim

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M.E.A.T. Documentation Keywords:

Assessment	Plan
Stable	Monitor
Improved	D/C meds
Tolerating meds	Continue meds
Deteriorating	Refer to / Followed by

Examples:
- Morbidly obese patient – BMI stable at 42, counseled on diet and exercise.
- BMI of 36.2 taken today, patient considered Morbidly obese due to T2DM.

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Morbid Obesity Qualifiers

Patient with a BMI of 40 or greater

Patient with a BMI between 35-40 with a co-morbidity

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Documentation Tips:

↘ A BMI of 40 or above is categorized as morbidly obese, however you must document the condition *by name* to bill E66.01

↘ Document a treatment plan or follow-up in the office visit note using one of the M.E.A.T. criteria (Monitor/Evaluate/Assess/Treat)
  - "Patient is morbidly obese. We discussed cutting back on processed foods and increasing exercise."

↘ If the patient's BMI is between 35-40 with any comorbidity, you should document and code Morbid Obesity along with the comorbidities.

↘ BMI codes should also be reported with the obesity code,
  - e.g., E66.01 (Morbid Obesity) & Z68.41 (BMI 40.0-44.9)

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Co-Morbidities (risk factors)

BMIs between 35-40 may also be billed as morbid obesity if patient has any of these comorbidities also documented and coded in the record.

Established coronary heart disease; HX of: • Myocardial infarction • Angina, stable or unstable • Coronary artery surgery • Coronary artery procedures	Other atherosclerotic diseases: • PVD/ PAD • Abdominal aortic aneurysm • Symptomatic carotid artery disease	Lipid disorders; • High LDL • Low HDL • High triglycerides
Type 2 diabetes	Hypertension	Metabolism syndrome
Sleep apnea/ respiratory problems	Impaired fasting glucose	Osteoarthritis or gout
Physical inactivity	Cigarette smoking	

Common Obesity Codes

Weight Category	ICD-10 Code
Morbid Obesity	E66.01
Obese	E66.9
Overweight	E66.3
Normal or Healthy Weight	No reportable code
Underweight	R63.6

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BMI ICD-10 chart

BMI range	ICD-10 Code
19.0 or less	Z68.1
20.0 - 24.9	Z68.20 – Z68.24
25.0 – 29.9	Z68.25 – Z68.29
30.0 – 35.9	Z68.30 – Z68.35
35.0 – 39.9 w/o comorbidities	Z68.35 – Z68.39
35.0 – 39.9 w/ comorbidities	Z68.35 – Z68.39
40.0 – 44.9	Z68.41
45.0 – 49.9	Z68.42
50.0 – 59.9	Z68.43
60.0 – 69.9	Z68.44
70 or greater	Z68.45

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Keeping Compliant Documentation

⬂ Completeness and accuracy is always our goal!

⬂ Never document or bill diagnoses that are not present or currently being treated

⬂ Never up-code diagnoses to achieve a higher risk score

⬂ Do not document a resolved or historical medical condition as current if it is no longer being treated

⬂ Correct any errors in diagnoses previously reported or that no longer apply

⬂ Keep accurate, specific problem lists to easily pull the most appropriate codes into encounter notes

⬂ Avoid using abbreviations unless the condition is previously established in the documentation within the same OV note.

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