

East Jefferson General Hospital

Documentation Tip: Obesity

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BMI

A patient's nutritional status is an **indicator of severity of illness and risk of mortality**. According to CMS, a **BMI \geq 40** is a comorbidity that can cause an increase in length of stay and resources utilized but **requires a corresponding nutritional diagnosis from a physician before it can be reported**.

Additionally, coding guidance tells us that individuals who are overweight or obese have a higher risk for other medical conditions and therefore such diagnoses are clinically significant and should be reported.

Conditions appropriate for reporting are subject to the criteria of requiring one of the following:

- Clinical evaluation
- Therapeutic treatment
- Diagnostic procedures
- Extended length of stay
- Increased nursing care and /or monitoring

Possible Interventions:

- Diet /weight loss counseling
- Specialized equipment (beds, wheelchairs, operating tables)
- Additional staff assistance for transport or positioning

Obesity

Please be as specific as possible regarding the type and etiology when documenting obesity.

- **Obesity** - HCC/Risk Adjustment
- **Morbid obesity** – HCC/Risk Adjustment
- Overweight



Documentation Tips

Link associated conditions

- Diabetes
- Hypertension
- Sleep Apnea/obesity hypoventilation syndrome
- Pain
- Depression

Report the clinical significance:

- Can obesity contribute to longer or more complicated procedures/surgeries
- Report how obesity impacts the current care of patient
- Including obesity on the problem list is recommended to ensure the clinical significance is addressed during all patient encounters.

Special Populations:

- Coders do not report the BMI for **OB patients** It is appropriate to report "obesity complicating pregnancy (O99.21)," if obesity is documented by the provider



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