

OASIS Alert

Diagnosis Coding: LOOK FOR THESE CRITERIA BEFORE REPORTING OBESITY CODES

Obesity is a risk factor often captured in M0290, so you need to learn how to code it accurately.

For many patients admitted to home care, obesity is pertinent to their plan of care. If that is the case, besides indicating obesity in M0290 (High risk factors characterizing this patient), you would code obesity as a diagnosis, says coding consultant **Lisa Selman-Holman** with Denton, TX-based **Selman-Holman & Associates**.

Choose the obesity diagnosis that best describes the patient's condition. If you're unsure, query the physician, suggests coder **Dionisio Nemocatcat** with **Visiting Nurse Regional Health Care System** in Brooklyn, NY.

ICD-9 coding guidelines define morbid obesity as "increased weight beyond limits of skeletal and physical requirements (125 percent or more over ideal body weight), as a result of excess fat in subcutaneous connective tissues."

If the patient meets this definition of severe or morbid obesity, you should assign 278.01 (Morbid obesity), confirms **Sarah Goodman, CPC-H, CCP**, president and CEO of **SLG Inc.** In Raleigh, NC. When patients do not meet the definition for morbid obesity, you should instead list 278.00 (Obesity, unspecified).

Home care coders seldom use morbid obesity, Selman-Holman reports. But it can be a secondary diagnosis when patients are admitted to home care after a gastric bypass procedure, Nemocatcat notes. Here the primary diagnosis is likely to be an aftercare V code, he adds.

Another option: When the patient's increased weight is due to a medical condition, such as adiposogenital dystrophy (253.8) or obesity of endocrine origin (259.9), you should report the underlying condition instead of obesity or morbid obesity.