

Clinical overview

Definitions and background

- Overweight and obesity are labels for ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems.¹
- The definition of morbid obesity:²
 - Being 100 pounds or more above ideal body weight; or
 - Having a body mass index (BMI) of 35 or greater and a serious comorbidity; or
 - Having a BMI of 40 or greater with or without serious comorbidity

Body mass index (BMI)³

Body mass index (BMI) is a medical screening tool that measures the ratio of your height to your weight to estimate the amount of body fat you have. Healthcare providers calculate BMI by using weight in kilograms (kg) divided by the square of height in meters (m²).

Causes/risk factors⁴

- Unhealthy lifestyle habits (stress, sedentary, diet, sleep hygiene)
- Genetics
- Health conditions or medications

Signs and symptoms⁴

- There may be no specific symptoms
- Increased weight and BMI
- Increased weight circumference

Diagnostic tools⁴

- Medical history and physical exam
- Calculation of BMI, measurement of body fat percentage
- Evaluation of comorbid conditions

Health risks⁴

- High blood pressure and high levels of cholesterol and triglycerides
- Type 2 diabetes mellitus and metabolic syndrome
- Heart disease

Medical treatment⁴

- Weight-loss medications or surgery
- Mental health support
- Lifestyle changes, such as adopting a healthy eating plan and increasing physical activity

Best documentation practices for healthcare providers

Subjective

- The HPI sets the background for the patient's presenting problem, from when first diagnosed until this encounter.
- May include Review of Systems (ROS), Past, Family, and/or Social History (PFSH), Active Problems List.
- Document any current symptoms related to the presence of obesity, morbid obesity, overweight, etc. (e.g., increased weight, increased BMI, increased waist circumference, etc.).

Objective

- Document the patient's height, weight and BMI. (The medical coder is not allowed to use the patient's documented height and weight to calculate the BMI and assign a corresponding ICD-10-CM code. Rather, the healthcare provider must specifically document the BMI in the medical record.)⁵
- In the physical exam, describe to the highest specificity any current associated observations (e.g., "the patient is morbidly obese.")

Assessment/Impression

- **Specificity:** Document the overweight or obesity diagnosis to the highest level of specificity and class, as in "morbid obesity," "severe obesity," "obesity due to excess calories," "Obesity class 3," etc.
- **Comorbid conditions:** Document clear linkage between underlying conditions that caused the overweight or obesity condition and between the BMI and other diagnoses for which the BMI has impact.

Plan

- Document a clear and concise treatment plan (e.g., referral to nutritionist; patient education related to the obesity with information regarding healthy eating plan and increasing physical activity; etc.).
- Document details of medications prescribed with clear linkage to obesity.
- Address any additional steps being taken to treat the patient.

ICD-10-CM coding tips

Code assignment for BMI may be based on medical record documentation from clinicians who are not the patient's provider, since this information is typically documented by other clinicians involved in the care of the patient (e.g., a dietitian often documents BMI).⁸

However, the associated primary diagnosis (such as overweight, obesity, diabetes mellitus, etc.) must be documented by the patient's healthcare provider during an acceptable encounter type with the patient. If there is conflicting medical record documentation, either from the same clinician or different clinicians, the patient's attending healthcare provider should be queried for clarification.⁶

Significance of reporting BMI

BMI codes are reported only as secondary diagnoses in association with a primary diagnosis for which the BMI has clinical significance has impact on the care, treatment and management and solely only when the BMI meets the definition of a reportable additional diagnosis.⁵

- Principal or first-listed diagnoses are not limited to overweight, underweight or obesity-related conditions.
- A primary diagnosis for which BMI has impact on the care, treatment and management is any primary condition that can be
 - a) Improved if the patient loses weight or lowers his/her BMI; or
 - b) Worsened if the patient gains weight or increases his/her BMI.⁷

Examples include but are not limited to heart disease, diabetes mellitus type 2, hypertension, high cholesterol, breathing issues such as asthma and sleep apnea, joint disease.⁸

AHA Coding Clinic – Obesity designated by class, Fourth Quarter 2024, effective 10/1/24:

“Code E66.8-, Other obesity, has been expanded with the creation of subcategory E66.81, Obesity class, which has new codes to specifically identify three classes of obesity, as well as a code to capture other obesity that is not classified elsewhere.⁸

Providers may document a patient's obesity in terms of an obesity class. A code from subcategory E66.81, Obesity class, is assigned when the class is documented by the provider in the medical record. The Centers for Disease Control and Prevention defines the obesity classes as follows:

Code	Class	BMI	Corresponding E Code
E66.811	Class 1 Obesity	BMI of 30 to <35	E66.0
E66.812	Class 2 Obesity	BMI of 35 to <40	
E66.813	Class 3 Obesity	BMI of 40 or greater	E66.01 E66.2

Note: These obesity class codes will not always replace the obesity or morbid obesity code (e.g., E66.01). Pay attention to medical record documentation and trusted industry resources such as the AHA Coding Clinic below.

AHA Coding Clinic – Obesity designated by class, First Quarter 2025, effective 4/1/25:

“Assign only code E66.813, Obesity, class 3, for provider documentation of class 3 obesity and morbid obesity. Assign an additional code to identify the body mass index (BMI), if known. It is not appropriate to assign code E66.01. In this case, the provider has further specified the obesity as class 3.”⁹

Additional reminders:

- Providers use multiple resources and criteria to define and diagnose obesity-related conditions. BMI is a screening tool only; it is not the sole criterion used to diagnose obesity/morbid obesity. Diagnosis code assignment is based on the provider’s clinical judgment and corresponding medical record documentation of the specific obesity condition.
- If a patient is on a GLP-1 or other medication that is fluctuating their BMI, the coding would still be based only on medical record documentation for each encounter.

Coding examples

Example 1	
Medical record documentation	73-year-old male here for 6-month follow-up for management of his chronic conditions. He is using a walker and short of breath. Review of Systems is unremarkable. Active Problems List: Atherosclerosis, CKD stage 3a, Diabetes, short of breath, chronic pain. Vitals: weight 489 pounds, height 65 inches and BMI 81.36. Musculoskeletal exam: abnormal gait with limited mobility. Assessment: Obesity
ICD-10-CM codes	E66.9 Obesity, unspecified Z68.45 Body mass index (BMI) 70 or greater, adult

Rationale	<p>Based solely on the medical record documentation, code E66.9 must be assigned for the final diagnosis stated as simply "obesity."</p> <p>The coder is not allowed to apply a clinical interpretation to the recorded weight and BMI or to change the provider's final impression to "morbid obesity."</p> <p>Code Z68.45 for BMI of 81.36 would be assigned as a secondary diagnosis for the primary diagnosis of obesity documented by the provider.</p>
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Example 2	
Medical record documentation	<p>HPI 68-year-old female here for follow-up of chronic conditions. Patient has a history of HTN and Diabetes.</p> <p>Physical Exam - Ht. 5'10" Wt. 269 BMI 41 BP 144/90.</p> <p>Constitutional: Well nourished, morbidly obese female in no acute distress.</p> <p>Diabetic foot exam within defined limits.</p> <p>Impression 1. Hypertension 2. uncomplicated diabetes mellitus type 2 3. Class 3 obesity</p>
ICD-10-CM codes	<p>I10 Essential (primary) hypertension</p> <p>E11.9 Type 2 diabetes mellitus without complications</p> <p>E66.813 Obesity, class 3</p> <p>Z68.41 Body mass index [BMI] 40.0 -44.9, adult</p>
Rationale	<ul style="list-style-type: none"> Class 3 (high-risk) obesity is characterized by a BMI that is equal to or greater than 40. Category E66 includes an instructional note advising to use an additional code to identify the BMI if known (Z68.-). Therefore, code Z68.41 is assigned for the documented BMI of 41.9 Assign only code E66.813, Obesity, class 3, for provider documentation of class 3 obesity and morbid obesity. Assign an additional code to identify the body mass index (BMI), if known. It is not appropriate to assign code E66.01. In this case, the provider has further specified the obesity as class 3.⁹

Example 3	
Medical record documentation	<p>Three-month follow-up for diabetes mellitus, hypertension. Patient also complains of ear pain.</p> <p>Vital signs: BP 126/70, weight 230 pounds, height 62 inches, body mass index 42.06.</p> <p>Physical exam shows decreased sensation in the lower extremities and inflammation of the right external ear canal.</p> <p>A/P: Diabetes Type 2 with diabetic neuropathy continue gabapentin</p> <p>Benign essential hypertension, controlled</p> <p>Otitis externa, right ear start amoxicillin 100mg for 10 days</p>
ICD-10-CM codes	<p>E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified</p> <p>I10 Essential (primary) hypertension</p> <p>Z68.41 Body mass index (BMI) 40.0 -44.9, adult</p> <p>H60.91 Unspecified otitis externa, right ear</p>
Rationale	<p>Z68.41 is assigned since the BMI will impact the care, treatment and management of the comorbid conditions (diabetes and hypertension).</p>

Example 4	
Medical record documentation	<p>73-year-old female who presents to establish care and hypertension. Her blood pressure is elevated today at 183/83. She is requesting refills on all medications. Her history is significant for hypercalcemia, paroxysmal atrial fibrillation and insomnia.</p> <p>Height: 5'4", Weight: 204 lbs., BMI: 35 Patient is morbidly obese due to having multiple comorbidities. Impression: Hypertension, uncomplicated diabetes mellitus type 2, morbid obesity Class 2 Obesity</p>
ICD-10-CM codes	<p>I10 Essential (primary) hypertension E11.9 Type 2 diabetes mellitus without complications E66.01 Morbid (severe) obesity, due to excess calories E66.812 Obesity, class 2 Z68.35 Body mass index [BMI] 35.0-35.9, adult</p>
Rationale	<ul style="list-style-type: none"> • Morbid obesity codes to E66.01. Category E66 includes an instructional note advising to use an additional code to identify the BMI if known (Z68.-). Therefore, code Z68.35 is assigned for the documented BMI of 35. • The obesity class codes, with the exception of class 3, may be reported with other obesity codes in the classification found in Chapters 4 and 15 to fully describe the condition.⁸

References

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4. Cleveland Clinic. Overweight: What It Is, Symptoms, Health Risks & Side Effects. Cleveland Clinic. Published September 13, 2024. <https://my.clevelandclinic.org/health/diseases/overweight>
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9. American Hospital Association (AHA). Obesity Designated by Class. ICD-10CM/PCS Coding Clinic, First Quarter 2025. Published online April 1, 2025:17.