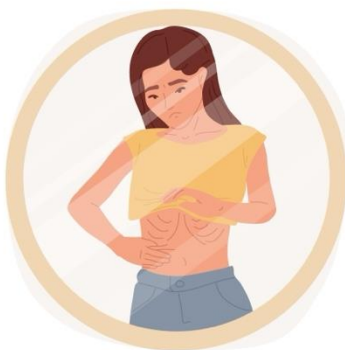


MAY 2025

## Anorexia Nervosa & Bulimia Nervosa

At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and ICD-10-CM selection on services submitted to Healthfirst specifically for **Anorexia Nervosa & Bulimia Nervosa**. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amount that Healthfirst or the member owes the provider.

Anorexia nervosa is an eating disorder in which patients restrict food intake, leading to significantly low body weight. Bulimia nervosa is a condition with recurrent episodes of binge eating followed by purging, fasting, or driven exercise.



Anorexia



Bulimia

Binge  
eating

# Documentation and Coding

Anorexia Nervosa	vs	Bulimia Nervosa
<b>ICD-10-CM Codes and Descriptions</b>		
<ul style="list-style-type: none"> <li>• <b>F50.00</b><sup>(†)</sup> - Anorexia nervosa, unspecified</li> <li>• <b>F50.01</b>* - Anorexia nervosa, restricting type</li> <li>• <b>F50.02</b>* - Anorexia nervosa, binge eating/purging type</li> </ul>		<ul style="list-style-type: none"> <li>• <b>F50.2</b>* - Bulimia nervosa                             <ul style="list-style-type: none"> <li>○ Bulimia NOS</li> <li>○ Hyperoxia nervosa</li> </ul> </li> </ul>
<b>Documentation Tips</b>		
<ul style="list-style-type: none"> <li>• <b>Type of Anorexia Nervosa</b> <ul style="list-style-type: none"> <li>○ Restricting type</li> <li>○ Binge eating/Purging Type</li> </ul> </li> <li>• <b>Status of Condition:</b> Stable, Improving, and/or Worsening, In full or partial remission</li> <li>• <b>Severity:</b> Mild, Moderate, Severe, Extreme</li> <li>• <b>Risk Factors:</b> Adolescents female, Genetics, Dieting, Transitions</li> <li>• <b>Diagnostic Tests:</b> DSM-5</li> <li>• <b>Treatment:</b> Nutritional supplementation, psychotherapy, adolescent, family-based therapy, second-generation antipsychotics, and olanzapine, hospitalization when required.</li> </ul>		<ul style="list-style-type: none"> <li>• <b>Type of Bulimia Nervosa</b> <ul style="list-style-type: none"> <li>○ Bulimia NOS</li> <li>○ Hyperoxia Nervosa</li> </ul> </li> <li>• <b>Status of Condition:</b> Stable, Improving, and/or Worsening, In full or partial remission</li> <li>• <b>Severity:</b> Mild, Moderate, Severe, Extreme</li> <li>• <b>Risk Factors:</b> Adolescent female, Genetics, Learned behaviors.</li> <li>• <b>Diagnostic Tests:</b> DSM-5</li> <li>• <b>Treatment:</b> Cognitive behavioral therapy, Interpersonal psychotherapy, and Selective serotonin reuptake inhibitors (SSRIs)</li> </ul>
<b>Coding Tip</b>		
<ul style="list-style-type: none"> <li>• <b>Do not</b> code <b>F50.02</b>* - anorexia nervosa, binge eating/purging type with <b>F50.2</b>* - bulimia nervosa</li> </ul>		

†Use only in the event when no other code describes the condition

\*Additional digit required to complete the code.

# Documentation and Coding

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## Coding Examples

<b>Case 1</b>	A 51-year-old patient with <b>severe protein calorie malnutrition due to extreme anorexia nervosa, binge-eating purging type</b> , is admitted to the hospital for stabilization of her acute medical conditions and weight restoration, before being transferred to a residential treatment program specializing in eating disorders. The provider also documented that the patient's end stage renal disease, dehydration and kidney stones are complications caused by the anorexia nervosa. Some coding professionals are questioning whether it is appropriate to sequence anorexia nervosa as the principal diagnosis when the admission is for medical stabilization. What is the appropriate principal diagnosis?
<b>Coding Rationale</b>	Assign code <b>E43, Unspecified severe protein-calorie malnutrition</b> , as the principal diagnosis, as this condition is the reason for the admission. Code <b>F50.023, Anorexia nervosa, binge eating/purging type, extreme</b> should be assigned as a secondary diagnosis. Since the admission was for treatment/stabilization of the patient's acute medical conditions, it would not be appropriate to sequence anorexia nervosa as the principal diagnosis.

# Documentation and Coding

<b>Case 2</b>	A new patient presents with compulsive binge eating and purging five times per week for the last 3 months. The patient has excessive exercise regimen 7 days a week 2 twice a day. The patient has frequent trips to the bathroom and has withdrawals from friends and activities. After examination by the provider, the patient is <b>diagnosed with Hyperorexia nervosa</b> . What code should be reported?
<b>Incorrect ICD-10-CM</b>	<b>F50.029, Anorexia nervosa, binge eating/purging type</b>
<b>Correct ICD-10-CM</b>	<b>F50.20, Bulimia nervosa</b>
<b>Rationale</b>	Provider documentation states patient compulsive binge eating and purging five times per week for 3 months and excessive exercise. The provider diagnosed the patient with Hyperorexia nervosa, which is an inclusion term found at <b>F50.2*</b> , <b>Bulimia Nervosa</b> .

## References

- <https://www.codingclinicadvisor.com/>
- <https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf>
- <https://www.cdc.gov/>

## Questions?

Contact us at [#Risk\\_Adjustments\\_and\\_clinical\\_Documentation@healthfirst.org](mailto:#Risk_Adjustments_and_clinical_Documentation@healthfirst.org).

For additional documentation and coding guidance, please visit the coding section on [HFproviders.org](https://HFproviders.org)

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**Anorexia Nervosa & Bulimia Nervosa**

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