Date: _____

Member Name: _____ **AGE:** _____ **DOB:** _____

Medicaid ID#: _____

- Under weight (BMI less than 18)
- Healthy weight (BMI between 18 and 24.9)
- Overweight (BMI between 25 and 29.9)
- Obese (BMI between 30 and 34.9)
- Severly Obese (BMI between 35 and above)

	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320	330
5'0"	20	21	23	25	27	29	31	33	36	37	39	41	43	45	47	49	51	53	55	57	59	61	63	65
5'1"	19	21	23	25	27	28	30	32	34	36	38	40	42	44	45	47	49	51	53	55	57	59	61	62
5'2"	18	20	22	24	26	27	29	31	33	35	37	38	40	42	44	46	48	49	51	53	55	57	59	60
5'3"	18	19	21	23	25	27	28	30	32	34	36	37	39	41	43	44	46	48	50	51	53	55	57	59
5'4"	17	19	21	22	24	26	28	29	31	33	34	36	38	40	41	43	45	46	48	50	52	53	55	57
5'5"	17	18	20	22	23	25	27	28	30	32	33	35	37	38	40	42	43	45	47	48	50	52	53	55
5'6"	16	18	19	21	23	24	26	27	29	31	32	34	36	37	39	40	42	44	45	47	49	50	52	53
5'7"	16	17	19	20	22	24	25	27	28	30	31	33	35	36	38	39	41	42	44	46	47	49	50	52
5'8"	15	17	18	20	21	23	24	26	27	29	30	32	34	35	37	38	40	41	43	44	46	47	49	50
5'9"	15	16	18	19	21	22	24	26	27	28	30	31	33	34	36	37	38	40	41	43	44	46	47	49
5'10"	14	16	17	19	20	22	23	24	26	27	29	30	32	33	35	36	37	39	40	42	43	45	46	47
5'11"	14	15	17	18	20	21	22	24	25	27	28	29	31	32	34	35	36	38	39	41	42	43	45	46
6'0"	14	15	16	18	19	20	22	23	24	26	27	29	30	31	33	34	35	37	38	39	41	42	43	45
6'1"	13	15	16	17	19	20	21	22	24	25	26	28	29	30	32	33	34	36	37	38	40	41	42	44
6'2"	13	14	15	17	18	19	21	22	23	24	26	27	28	30	31	32	33	35	36	37	39	40	41	42
6'3"	13	14	15	16	18	19	20	21	23	24	25	26	28	29	30	31	33	34	35	36	38	39	40	41
6'4"	12	13	15	16	17	18	20	21	22	23	24	26	27	28	29	30	32	33	34	35	37	38	39	40

Draw a line down from the weight of the patient. Draw a line across from the height of the patient. Where the lines meet is the Body Mass Index (BMI).

Adult BMI assessment should be coded using V85.0 – V85.5