

Obesity is a serious disease that involves an excessive amount of body fat. This is a serious epidemic in the United States. Obesity leads to other serious medical problems such as cardiovascular diseases, diabetes and certain cancers.

## Types of Morbid Obesity:

- Morbid (severe) obesity due to excess calories (E66.01)
- Morbid (severe) obesity with alveolar hypoventilation (E66.2)

## Signs and Symptoms

Morbid Obesity is diagnosed when BMI is 35 or higher with comorbidities or BMI is 40 or higher.

## Risk factors

There are risk factors that can increase the chance of someone becoming obese.

- Family inheritance.
- Unhealthy diet.
- Liquid calories.
- Inactivity.

## Complications

People with obesity are more likely to develop several potential serious health problems, including:

- Taking your health history.
- Type 2 diabetes.
- Digestive problems.
- Gynecological and sexual problems.
- Sleep apnea.
- Osteoarthritis.

## Diagnostics Tools

Tests to diagnose Morbid Obesity include:

- Taking your health history.

- A general physical exam.
- Calculating your BMI.
- Measuring your waist circumference.
- Check for other health problems.
- Blood tests.

## Treatment

The goal of treatment is to reach and stay at a healthy weight.

Dietary changes:

- Cutting calories.
- Feeling full on less.
- Making healthier choices.
- Restricting certain foods.
- Meal replacements.

## Exercise and activity:

- Exercise.
- Keep moving.

## Prescription weight-loss medication

- Orlistat (Alli, Xenical).
- Phentermine and topiramate (Qsymia).
- Bupropion and naltrexone (Contrave).
- Liraglutide (Saxenda, Victoza).

## Weight-loss surgery

- Gastric bypass surgery.
- Adjustable gastric banding.
- Biliopancreatic diversion with duodenal switch.
- Gastric sleeve.

## Clinical Documentation and Coding Tips

- Always document it to the highest level of specificity

- SOAP Notes documentation tips:
  - **Subjective** – Document the presence or absence of any current symptoms related to obesity, morbid obesity, overweight, 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.)
  - **Assessment** – Document the overweight or obesity diagnosis to the highest level of specificity, as in "morbid obesity," "severe obesity," "extreme obesity," etc.
  - **Plan** – Document a clear and concise treatment plan (e.g., referral to nutritionist; patient education related to the obesity condition with information regarding balanced diet; plan for return follow-up; etc.).

Morbid Obesity is a condition that falls within the category "Morbid Obesity" (HCC 22) RAF Score 0.383

### Coding Morbid Obesity

There are two (2) ICD - 10CM codes applicable for coding Morbid Obesity.

ICD-10 Code	Code description
E66.01	Morbid (severe) obesity due to excess calories
E66.2	Morbid (severe) obesity with alveolar hypoventilation

### Always Remember

- Follow the ICD-10 CM official coding guidelines and conventions.
- Select the correct ICD-10 CM code to the highest specificity.

### Medicare Hierarchal Condition Categories (HCC)

Hierarchical condition category (HCC) coding is a risk-adjustment model designed to estimate future health care costs for patients. This model filters ICD-10CM codes into diagnosis groups (DxGs), and then into Conditions Categories (CCs). Hierarchies or families are placed to gain an HCC numeric code, which translates to a risk adjustment factor (RAF) value. Each diagnosis code found in the model, as a stand-alone diagnosis code or within a family or hierarchy, carries a value through RAF, but this value can change if the patient has other influencing factors such as ESRD, hospice, or are dual-eligible. Families or hierarchies set a value based on severity of illness, with more severe diagnoses carrying the overall risk score for that family. Diagnoses within families or hierarchies are inclusive of one another, while any additional diagnoses from other hierarchies or stand-alone diagnoses are additive and increase each patient's overall risk score.