

Morbid obesity

Risk adjustment coding and documentation



Samaritan
Health Plans

The current version of CMS-HCC risk adjustment model includes seven ICD-10-CM codes that map to hierarchical condition category (HCC) 22. The care of a morbidly obese patient may require extra work and cost to treat, in coordination with other acute or chronic conditions and it is important to document this medical information.

Coding example

Morbid obesity (HCC 22)

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

BMI codes (secondary diagnosis)

- **Z68.41** - BMI 40.0-44.9, adult.
- **Z68.42** - BMI 45.0-49.9, adult.
- **Z68.43** - BMI 50.0-59.9, adult.
- **Z68.44** - BMI 60.0-69.9, adult.
- **Z68.45** - BMI 70 or greater, adult.

Documentation reminders

- BMI can be recorded by a dietician or other non-physicians. However, it **cannot** be coded unless the provider has noted it within the record, along with its medical significance or associated weight-related condition (such as morbid obesity).
- Include clinical indicators:
 - Caused by/contributing factors.
 - Associated with.
 - Severity.

Coding reminders

- ICD-10 instructional note states to use an additional code to identify the BMI, if known.
- Morbid obesity **cannot** be coded if there is a conflicting BMI recorded.



Example: If medical record documents a BMI of 38 and physician states morbid obesity, HCC22 is not supported in this face-to-face encounter and cannot be reported to CMS.

- If BMI of 40 or greater is documented but morbid obesity is not documented by the provider, HCC22 **cannot** be reported to CMS.
- Morbid obesity **can** be coded (with provider documentation) without a BMI recorded.
- Avoid defaulting to unspecified obesity for all patients because this is not a risk-adjusted condition and does not accurately reflect the clinical condition of patients with a BMI of 40 or higher.