

Morbid obesity

Fast facts:

Many definitions for **morbid obesity** exist, however, it is generally recognized that a person with a BMI of 40 or more is morbidly obese. One definition says “morbid obesity” means **severe obesity** to the point when the excessive fat stores cause or aggravate serious, life-threatening illnesses, called “**co-morbidities.**” The National Institutes of Health (NIH) recognizes that patients with **clinically severe obesity (a BMI ≥ 40 or ≥ 35 with co-morbid conditions)** are at high risk for obesity-associated morbidity and mortality. In other words, a patient with a BMI ≥ 35 (no rounding up) with co-morbidities runs the same risk of developing obesity related complicating conditions as a patient with a BMI ≥ 40 but no co-morbidities.^{1,2}

Recognized co-morbidities (risk factors) ²	
Disease conditions:	Cardiovascular risk factors:
Established coronary heart disease; history of: <ul style="list-style-type: none"> • Myocardial infarction • Angina, stable or unstable • Coronary artery surgery • Coronary artery procedures (angioplasty) 	Lipid disorders; <ul style="list-style-type: none"> • High LDL cholesterol (≥ 160 mg/dL) • Low HDL cholesterol (Men < 40 mg/dL; Women < 50 mg/dL) • High triglycerides (> 150 mg/dL)
Other atherosclerotic diseases; <ul style="list-style-type: none"> • PVD / PAD • Abdominal aortic aneurysm • Symptomatic carotid artery disease 	Hypertension Metabolic syndrome
Type 2 diabetes	Impaired fasting glucose
Sleep apnea / respiratory problems	Cigarette smoking
Gallstones & their complications	Family history of premature CAD
Gynecological abnormalities	Physical inactivity
Osteoarthritis or gout	
Urinary stress incontinence	

DOCUMENTATION TIP: For patients who have had bariatric surgery and/or sufficient weight loss, be careful the diagnosis is not being “carried over” and would not be better classified as having a history of morbid obesity rather than morbid obesity as a current condition.

Example:

67 year-old female here for follow-up of hypertension, CAD, and DM. Pt concerned about weight, SOB.

Vitals: BP 126/63, WT 229.2, HT 5'6" BMI 37.0

PE: Normal except coarse breath sounds.

A: **E66.01 Morbid obesity due to excess calories**

Z68.37 BMI 37.0-37.9

P: Discussed effect of weight on co-morbid conditions & increased cardiovascular risk. Start monitored weight loss program, appt with dietician, increase exercise (walking) as tolerated. F/U in 2 wks for weight check.

Coding Perils and Pearls

The diagnosis of morbid obesity must be made by the physician based on the patient's condition(s), clinical criteria, and professional judgment. Morbid obesity cannot be assumed based on BMI alone. The diagnosis is dependent on the physician's documentation. Per Coding Clinic: "Once the provider has provided documentation of morbid obesity, the coder may report code **E66.01**, Morbid Obesity. Whether the Body Mass Index (BMI) is documented as greater than 40 or 35-40 has no bearing on the assignment of code **E66.01**."

Determine and document the **level of obesity** using standard clinical resources for your practice. For **morbid, severe**, or **extreme obesity** code:

- E66.01 Morbid (severe) obesity due to excess calories
Use additional code to identify BMI, if known (recommended)
- Z68.35 – Z68.39 Body Mass Index \geq 35.0
- **Z68.41 Body Mass Index 40.0-44.9**
- **Z68.42 Body Mass Index 45.0-49.9**
- **Z68.43 Body Mass Index 50.0-59.9**
- **Z68.44 Body Mass Index 60.0-69.9**
- **Z68.45 Body Mass Index 70.0 and over, adult**

1. Identify and document any obesity-associated co-morbidities

(i.e., diabetes, hypertension, CAD, etc.)

2. Document the treatment plan/plan of care:

- Nutrition management
- Behavioral therapy
- Physical activity
- Bariatric surgery
- Drugs (e.g., Sibutramine, Orlistat, etc.)
- A diagnosis of morbid obesity does not require the BMI to be documented, however, it is recommended.

1. "What is Morbid Obesity?." NYU Langone Weight Management Program. NYU Langone Medical Center, n.d. Web. 11 Dec 2013. <<http://thinforlife.med.nyu.edu/surgical-weight-loss/obesity/what-morbid-obesity>>.

2. Pi-Sunyer, F, D Becker, et al. United States. National Heart, Lung, and Blood Institutes. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. Bethesda: National Institutes of Health, 1998. Web. <http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.htm>.