

Internal Medicine Coding Alert

READER QUESTIONS: Obese or Morbidly Obese? There's a Big Difference

Question: Which ICD-9 codes should I use for patients who are obese but not morbidly obese?

North Carolina Subscriber

Answer: When patients do not meet the definition for morbid obesity, you should list 278.00 (Obesity, unspecified). If the patient meets the definition of severe or morbid obesity, you should assign 278.01 (Morbid obesity).

ICD-9 defines morbid obesity as "increased weight beyond limits of skeletal and physical requirements (125 percent or more over ideal body weight), as a result of excess fat in subcutaneous connective tissues."

Exception: When the patient's increased weight is due to a medical condition, such as adiposogenital dystrophy (253.8) or obesity of endocrine origin (259.9), you should report the underlying condition instead of morbid obesity.

Problem: Insurers have different payment criteria for 278.00. Some companies won't reimburse claims containing this diagnosis due to plan exclusions. Insurance companies do not cover "weight-loss programs."

Example: After an internist diagnoses a 57-year-old woman with non-morbid obesity, a nurse practitioner counsels the woman on proper diet and exercise. The insurer doesn't cover obesity-related services.

So, you should code the appropriate-level office visit (99212-99215, Office or other outpatient visit for the evaluation and management of an established patient) with a diagnosis of non-morbid obesity (278.00), and charge the patient for the service.

Answers for You Be the Coder and Reader Questions were reviewed by **Kathy Pride, CPC, CCS-P**, a coding consultant for QuadraMed in Port St. Lucie, Fla.; and **Bruce Rappoport, MD, CPC**, a board-certified internist who works with physicians on compliance, documentation, coding and quality issues for Rachlin, Cohen & Holtz LLP, a Fort Lauderdale, Fla.-based accounting firm with healthcare expertise.