



## Anesthesia Coding Alert

### ICD-10: Go Beyond 'Morbid Obesity' for Bariatric Surgery Patients

#### A single diagnosis isn't sufficient justification under ICD-10.

"Morbid obesity" might have been your go-to diagnosis for anesthesia during bariatric surgery in the past, but you need more than that to meet today's requirements.

**What you need:** ICD-10 coding guidelines stipulate that you report additional diagnoses to further define the patient's condition. Many payers also require evidence of co-morbid conditions that demonstrate specific ill-health effects of the obesity. If you don't follow through with these additional requirements, you'll find yourself with denied claims.

**Step 1:** Begin with the diagnosis for morbid obesity, as you've done before □ E66.01 (Morbid [severe] obesity due to excess calories).

**Step 2:** Select the appropriate code to identify the patient's body mass index (BMI). For an adult patient, this will come from the range Z68.1 (Body mass index [BMI] 19 or less, adult) to Z68.45 (Body mass index [BMI] 70 or greater, adult). The codes specify BMI in increments of one unit. Many payers have a BMI level below which they will not cover bariatric surgery.

**Step 3:** Remember that many payers expect you to show that the patient presents with at least one adverse health concern related to obesity. This information should be in the surgeon's report. A few examples of the types of comorbidities some payers look for as justification for bariatric surgery include:

- Hypertension □ such as I10 (Essential [primary] hypertension)
- Type II diabetes □ E11.- (Type 2 diabetes mellitus...)
- Coronary heart disease □ such as I25.1- (Atherosclerotic heart disease of native coronary artery...)
- Stroke □ such as I61.- (Nontraumatic intracerebral hemorrhage...).

Other comorbid conditions include gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, and certain types of cancers.

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