OPTUM®

FOCUS ON: Morbid obesity and malnutrition

Medicare Advantage HCC 21: Morbid obesity	Prevalent conditions that fall into this category are: morbid (severe) obesity, morbid (severe) obesity with alveolar hypoventilation and body mass index (BMI) ≥40
Medicare Advantage HCC 22: Protein-calorie malnutrition **Affordable Care Act** HCC 23: Protein-calorie malnutrition	Prevalent conditions that fall into this category are: malnutrition, mild malnutrition (note: few or no biochemical changes), moderate protein-calorie malnutrition (PCM), severe PCM, cachexia and retarded development following protein-calorie malnutrition (nutritional stunting or short stature due to malnutrition)

The conditions listed in the table above do not represent an inclusive list. Please check the CMS and HHS mappings for a complete list of conditions.

CMS requires submission of risk-adjusting diagnosis codes within the reporting period each calendar year based on what is documented in the medical record.

Documentation should be clear, concise and legible. All conditions that coexist at the time of the encounter/visit — and require or affect patient care, treatment and/or management — should be documented.

When documenting **obesity**, specify:
- Type(s) if known: Overweight, obese, morbidly (severely) obese, morbid obesity with alveolar hypoventilation (Pickwickian's), obesity hypoventilation syndrome
- Cause: Due to excess calories, drug-induced obesity — specify drug
- Weight and the BMI: BMI codes can be assigned from the dietician's or other caregiver's documentation, but the provider must document the condition (for example, morbid obesity, obesity, malnutrition, etc.)
- Associated comorbid conditions: For example, hypertension, diabetes, COPD

When documenting **protein-calorie malnutrition (PCM)**, specify:
- Severity: Mild (first degree), moderate (second degree), severe (third degree); avoid documenting a range of severity, such as "moderate to severe"; if documenting cachexia, document underlying cause, if known
- Associated conditions: Alcohol abuse and/or dependence, alcoholic hepatitis, anemia, cancer, celiac disease, CHF, cirrhosis, cystic fibrosis, dementia, depression, ESRD, liver disease, obesity, pancreatitis

Social Determinants of Health

ICD-10-CM	Description
Z59.4	Lack of adequate food and safe drinking water
Z59.5	Extreme poverty
Z59.6	Low income
Z59.7	Insufficient social insurance and welfare support
Z60.0	Problems of adjustment to life-cycle transitions (empty nest syndrome, phase of life problem, problem with adjustment to retirement)
Z60.2	Problems related to living alone
Z60.4	Social exclusion and rejection
Z72.3	Lack of physical exercise
Z72.4	Inappropriate diet and eating habits
Z72.811	Adult antisocial behavior
Z72.89	Other problems related to lifestyle (self-damaging behavior)
Z63.0	Problems in relationship with spouse or partner
Z63.1	Problems in relationship with in-laws
Z63.4	Disappearance and death of family member (bereavement)
Z63.79	Other stressful life events affecting family and household

Social determinants of health (SDOH) such as housing, food security and transportation can have an immense impact on the physical and mental health of patients. It is vital that these determinants are accurately documented and coded, when applicable, to assist in identifying patients who may qualify for needed resources through their health plan and/or local community.

Please note that these codes are for supplemental reporting purposes and should not be used as primary diagnosis codes.

For additional information on SDOH, please click here.