



November 9, 2022

Donna Pickett, MPH, RHIA  
Co-Chair, ICD-10-CM Coordination and Maintenance Committee  
National Center for Health Statistics  
3311 Toledo Road, Room 2402  
Hyattsville, Maryland 20782

Dear Ms. Pickett,

As members of the Obesity Care Advocacy Network (OCAN), we appreciate the opportunity to provide comments on the “Obesity in Children, Adolescents, and Adults” proposal considered at the September 2022 ICD-10 Coordination and Maintenance (C&M) meeting.

Founded in 2015, OCAN is a diverse group of organizations focused on changing how we perceive and approach obesity in the U.S. OCAN works to increase access to evidence-based obesity treatments by uniting key stakeholders and the broader obesity community around significant education, policy and legislative efforts. We aim to fundamentally change how the U.S. healthcare system treats obesity, and to shift the cultural mindset on obesity so that policymakers and the public address obesity as a serious chronic disease.

### **Obesity in Children, Adolescents, and Adults**

The ICD-10-CM codes for childhood and adult obesity lack the specificity needed for categorizing elevated BMI in children/adults. Furthermore, the current codes are stigmatizing and reflect outdated scientific understanding of the disease processes underlying obesity.

OCAN strongly supports the proposal to update the ICD obesity codes presented by the CDC’s Division of Nutrition, Physical Activity, and Obesity, to address these issues at the 2022 Annual National Center for Health Statistics (NCHS) Coordination and Maintenance meeting.

Current child and adult obesity codes in ICD-10 are clinically imprecise because they do not capture the nature of the disease process according to our current scientific understanding. For instance, diagnosing obesity “due to excess calories” reflects a simplistic understanding of energy balance that does not reflect the complex dysregulation in cellular homeostasis that contributes to obesity. A more appropriate term would be “energy imbalance.” Second, the current codes highlight alveolar hypoventilation and thereby ignores the spectrum of comorbidities associated with obesity. Third, the current codes do not accurately reflect the classification of obesity in either children or adults. The classification of obesity clinically begins with overweight and progresses through severe obesity. Accurate classification is important because the risk of morbidity and mortality increases as excess weight increases. Finally, the use of terms such as “morbid” and “due to excess calories” are pejorative and stigmatizing and blame the patient, rather than addressing the disease. Stigmatization, in turn, is associated with

reduced access to care and poorer health outcomes. Appropriate terms include “severe obesity” and the use of people first language (i.e., “individuals with obesity” as opposed to “obese individuals”).

OCAN supports the proposed following modifications and additions to the current ICD-10 codes for obesity that will update pathophysiological understanding of obesity and uses preferred, stigma-free terminology:

- 1) Add new codes that reflect the current recognized BMI age- and gender-specific percentile classification system for children and adolescents:
  - Overweight: BMI >85<sup>th</sup> percentile to <95<sup>th</sup> percentile for age and gender
  - Obesity: BMI >95<sup>th</sup> percentile for age and gender
  - Severe obesity: BMI >120% of the 95<sup>th</sup> percentile for age & gender
- 2) Add new codes that reflect the current recognized adult BMI categories:
  - Overweight: BMI 25-29.9 kg/m<sup>2</sup>
  - Obesity Class I: BMI 30.0-34.9 kg/m<sup>2</sup>
  - Obesity Class II: BMI 35.0-39.9 kg/m<sup>2</sup>
  - Obesity Class III: BMI Above 40 kg/m<sup>2</sup>
- 3) Remove codes, clarifications or definitions that do not align with current knowledge or guidelines. Make clarifications to language that identifies excess calories as a cause of obesity. Consider adopting the language from the new ICD-11, “Obesity due to energy imbalance,” i.e.:

5B81.0 **Obesity** due to energy imbalance J □

**Description**  
Obesity is a chronic complex disease defined by excessive adiposity that can impair health. It is in most cases a multifactorial disease due to obesogenic environments, psycho-social factors and genetic variants. In a subgroup of patients, single major etiological factors can be identified (diseases, immobilization, iatrogenic procedures, monogenic disease/genetic syndrome).

5B81.01 **Obesity** in adults J □ ×

**Description**  
Obesity is defined as a body mass index (BMI) greater than or equal to 30.00 kg/m<sup>2</sup>. There are three levels of severity in recognition of different management options.

**Additional Information**  
Overweight and obesity lead to adverse metabolic effects on blood pressure, cholesterol and triglycerides levels, and insulin resistance. Risks of coronary heart disease, ischaemic stroke and type 2 diabetes mellitus increase steadily with increasing body mass index (BMI). Raised BMI also increases the risk of cancer of the breast, colon/rectum, endometrium, kidney, esophagus and pancreas. Mortality rates increase with increasing degrees of overweight, as measured by BMI. To achieve optimal health, the median BMI for adult populations should be in the range of 21 to 23 kg/m<sup>2</sup>, while the goal for individuals should be to maintain a BMI in the range 18.5 to 24.9 kg/m<sup>2</sup>. There is increased risk of co-morbidities for BMIs in the range of 25.0 to 29.9 kg/m<sup>2</sup>, and moderate to severe and very severe risk of co-morbidities for BMIs greater than 30 kg/m<sup>2</sup>.

- 4) Replace any mention of “morbid” obesity with *severe* obesity.
- 5) Add new codes that allow for identification of obesity *with* comorbid conditions, including but not limited to: hypertension, dyslipidemia, type 2 diabetes, obstructive sleep apnea, non-alcoholic fatty liver disease, and depression.

Thank you again for the opportunity to provide comments on the proposed changes. Should you have any questions or require additional information, please feel free to contact any of us.

The following members of OCAN support the proposed changes to the ICD-10-CM by the NCHS as outlined in the Topic Packet for the September 13-14, 2022 meeting.

Sincerely,

Academy of Nutrition and Dietetics  
American Academy of PAs  
American College of Occupational and Environmental Medicine  
American Gastroenterological Association  
American Society for Metabolic and Bariatric Surgery  
American Society for Nutrition  
ConscienHealth  
Diabetes Leadership Council  
Diabetes Patient Advocacy Coalition  
Endocrine Society  
Healthcare Leadership Council  
MedTech Coalition for Metabolic Health  
National Council on Aging  
National Kidney Foundation  
Obesity Action Coalition  
Obesity Medicine Association  
Preventive Cardiovascular Nurses Association  
The Gerontological Society of America  
The Obesity Society  
The Sumner M. Redstone Global Center for Prevention and Wellness  
YMCA of the USA  
WW (WeightWatchers)