

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 Furthermore, the current codes are stigmatizing and reflect outdated scientific understanding of the disease processes underlying obesity.

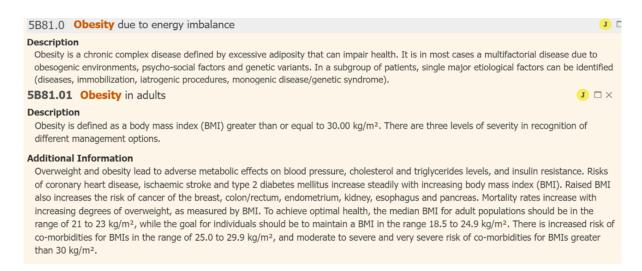
OCAN strongly supports the proposal to update the ICD obesity codes presented by the CDC's Division of Nutrition, Physical Activity, and Obesity, to address these issues at the 2022 Annual National Center for Health Statistics (NCHS) Coordination and Maintenance meeting.

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 genderspecific percentile classification system for children and adolescents:
 - Overweight: BMI >85th percentile to <95th percentile for age and gender
 - Obesity: BMI >95th percentile for age and gender
 - Severe obesity: BMI >120% of the 95th percentile for age & gender
- 2) Add new codes that reflect the current recognized adult BMI categories:
 - Overweight: BMI 25-29.9 kg/m2
 - Obesity Class I: BMI 30.0-34.9 kg/m2
 - Obesity Class II: BMI 35.0-39.9 kg/m2
 - Obesity Class III: BMI Above 40 kg/m2
- 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.:



- 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)