

(Insert Date)

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1694-P
P.O. Box 8011
Baltimore, MD 21244-1850

Re: Comment on the FY 2020 IPPS Proposed Rule Designation, change in status of ICD-10_CM codes Z68.41 and Z68.42

To Whom We May Address:

Thank you for allowing us the opportunity to submit comments regarding the proposed IPPS rules for FY 2020. (Insert name of institution here) is grateful for the efforts of your organization to improve the nation's health, and for your willingness to review additional information during the public comment period before issuing your final rules.

I write today to submit our comments regarding the proposed designation change for ICD-10-CM codes Z68.41 (Body mass index 40.0-44.9 adult) and Z68.42 (Body mass index 45.0-49.9 adult) from "CC" to "non-CC" status. We appreciate and understand that the process of data analysis that indicates that these two Z codes do not consistently demonstrate a CC type impact as a secondary diagnosis. However, we believe that the actual clinical care of the patient with morbid obesity (defined by the Centers for Disease Control and Prevention as a BMI > 40) impacts resource use, health care costs, and needs for care that would not be reflected in the claims data that serves as the basis for CMS work.

It is our consideration that patients with a BMI > 40 have a significant impact on allocation of healthcare resources and should maintain the same comorbidity status. Some of the difficulties with morbidly obese patients are readily apparent to clinicians. Patients who are morbidly obese have higher rates of additional conditions such as diabetes, hypertension, heart disease, and certain cancers. Such patients are also physically harder to manage, causing difficulty for staff in lifting, turning, and ambulation. Their size may also hamper diagnostic efforts such as diagnostic radiologic studies or therapeutic procedures. The medical literature provides an extensive record of support for the premise that morbid obesity is linked to increased use of hospital resources and increased length of stay.

Patients with morbid obesity may also be linked to an increased incidence of work-related injuries. OSHA has recently noted the increase in musculoskeletal injuries reported by healthcare workers and found that they encounter unique risks because they "lift, reposition, and transfer patients who have limited mobility. Larger patients can pose particular challenges for safe handling¹. Multiple states have enacted safe patient handling laws which require hospitals and other healthcare systems to acquire the necessary equipment to safely lift and move patients². Hospitals are also investing capital providing imaging and OR suites that can accommodate the larger patient. Given that the CDC estimates that nearly 40% of Americans are morbidly obese³, health care systems are absorbing significant impacts in injury, missed days of work, worker compensation claims, and purchase of capital equipment in caring

¹ https://www.osha.gov/dsg/hospitals/documents/1.2_Factbook_508.pdf

² <https://journalofethics.ama-assn.org/article/safe-patient-handling-laws-and-programs-health-care-workers/2016-04>

³ <https://www.cdc.gov/obesity/data/adult.html>

for these patients. These are resources that cannot be codified in CMS claims data, but should be considered in determining the comorbidity status of codes Z68.41 and Z68.42

On behalf of (insert your institution here) we respectfully request that CMS review our comments and consider deferring the change in CC status for Z68.41 (BMI 40.0-44.9) and Z68.42 (BMI 45.0-49.9).

Sincerely,

(Name, Title, Institution)