

HCC Documentation & Coding Tips 2018

DOCUMENT AND VALIDATE ALL CHRONIC CONDITIONS AT LEAST ONCE A YEAR AND REPORT AS ACTIVE EVEN IF IT IS WELL CONTROLLED OR PATIENT IS ASYMPTOMATIC OR ON/OFF TREATMENT

- ✓ DIAGNOSIS (ICD-10 code)
- ✓ STATUS (stable, worsening, improving, asymptomatic, new)
- ✓ PLAN (continue meds, check labs, f/u specialist)

DIABETES WITH MANIFESTATIONS

Many codes are now combination codes, check code book for instructions.

- DMII w/Diabetic CKD: E11.22 (Code also CKD N18.1 N18.6)
- DMII w/Diabetic Polyneuropathy: E11.42
- DMII w/Diabetic Retinopathy: E11.3_ (unspecified, non-proliferative, proliferative) (+/- macular edema)
- DMII w/Diabetic Peripheral Angiopathy w/o gangrene: E11.51
- DMII w/Foot Ulcer: E11.621 (Code also Ulcer L97.4-L97.5) DMII w/other Specified Manifestation: E11.69 (Specify and link other manifestation such as CAD, HTN, Dyslipidemia, ED, Onychomycosis)
- DMII w/Hypoglycemia w/o coma: E11.649
- DMII w/Hyperglycemia: E11.65 (DM that is uncontrolled)

CARDIOVASCULAR

Diagnose heart failure yearly even if EF improves with treatment or patient is asymptomatic.

- Heart Failure: I50._ Pulmonary Hypertension: I27.2_ Cardiomyopathy: I42._ CAD with Angina: I25.119 (Diagnose if patient had MI/stents/bypass & is on BB, CCB or Nitrates, even if asymptomatic)
- Acute MI, <4 week: I21. Old MI > 4 weeks: I25.2
- Atrial Fibrillation: I48._ (Diagnose even if paroxysmal or in sinus due to medication or pacemaker)
- Sick Sinus Syndrome: I49.5 Complete AV Block: I44.2 PSVT: I47.1

CIRCULATORY

Atherosclerosis is seen on x-ray, CT & ultrasound as plaque or calcification.

- Peripheral Vascular Disease, PAD, Intermittent Claudication: 173.9
- Atherosclerosis, extremities: I70.2 w/ulceration: I70.23, I70.24
- AAA: I71.4 Aortic Atherosclerosis: I70.0 Aortic Ectasia: I77.81_ Aortic Tortuosity: I77.1
- Chronic DVT (on long term treatment): I82.5

 Ohronic PE: I27.82
 Varicose Vein with Ulcer: 183.0

RESPIRATORY

Report highest specificity of disease.

- COPD/Chronic Obstructive Asthma: J44.9 Emphysema: J43.9
- Chronic Bronchitis: J42 Simple Chronic Bronchitis (Smoker's Cough): J41.0
- Chronic Respiratory Failure: J96.1_ (Long-term O2 use due to underlying lung condition even if PRN)
- Lung Granuloma: J84.10

DERMATOLOGY

- Senile Purpura: D69.2
- Malignant Melanoma: C43._
 Melanoma in Situ: D03._

NEUROLOGY

Do not code acute CVA (usually ER/INPT only).

- Late Effect of CVA: Hemiplegia/Hemiparesis: I69.35_ Monoplegia Upper Limb: I69.33_
- Monoplegia Lower Limb: I69.34_
- If no late effects, use History of CVA: Z86.73
- Polyneuropathy in diseases classified elsewhere: G63 (Code first and link underlying disease, such as: Pre-DM, ESRD, B12 deficiency
- Polyneuropathy due to Alcohol: G62.1 & F10.2_ (Alcoholism)
- Due to Drugs such as Methotrexate or Chemo: G62.0 & T36-T50 (Be sure to document & link cause of neuropathy)

CHRONIC KIDNEY DISEASE

Check GFR and Microalbuminuria at least yearly.

- CKD I: N18.1 CKD II: N18.2 CKD III: N18.3 CKD IV: N18.4
- CKD V: N18.5 ESRD: N18.6
- Dialysis Status, Presence of AV shunt: Z99.2 Dialysis non-compliance: Z91.15
- Secondary Hyperparathyroidism, Renal: N25.81

ONCOLOGY

Diagnose as **ACTIVE** if patient is undergoing or waiting for treatment, on adjuvant therapy (Tamoxifen/Lupron), undergoing watchful waiting, or refuses treatment and document this in your note.

- Primary cancer: C0. D4.
- Secondary Malignant Neoplasm (Metastasis): C77. C79. (Diagnose by location of mets)
- Use "HISTORY OF" codes for cancers that are cured/show no evidence of disease: Z85.00 Z85.9
- Document Leukemia and Lymphoma as "in remission" (not "history of")

HEMATOLOGY

- Polycythemia Vera: D45 Thrombocytopenia: D69.6 Neutropenia: D70.9
- Pancytopenia: D61.81
 Thrombocythemia: D47.3
 Nonthrombocytopenic Purpura: D69.2

PSYCHIATRY

- Major Depression single episode: F32._ (Specify severity or in remission)
- Major Depression recurrent episode: F33. (Specify severity or in remission considered lifelong/chronic)
- Schizophrenia: F20._ Bipolar: F31._
- Alcohol Dependence/Alcoholism: F10.2_
- Opioid Dependence: F11.2 Benzodiazepine Dependence: F13.2

MALNUTRITION

Common in the elderly due to chronic illness, social isolation, financial hardship.

- Protein Calorie Malnutrition, unspecified: E46 (Weight loss of 5% in 3-6 months or 10% in 6-12 months)
- Cachexia: R64 (Weakness and muscle wasting due to severe chronic illness)

GASTROENTEROLOGY

- Alcoholic Liver Disease: K70.9 ◆ Alcoholic Cirrhosis: K70.30 ◆ Unspecified Cirrhosis: K74.60
- Liver Failure: K72._ Autoimmune Hepatitis: K75.4 Chronic hepatitis, unspecified: K73.9
- Chronic Viral Hepatitis: B18.9 Chronic Hepatitis B: B18.1 Chronic Hepatitis C: B18.2
- Chronic Pancreatitis: K86.1 Crohn's Disease: K50.9 Ulcerative Colitis: K51.9 ...

MORBID OBESITY

Morbid Obesity due to excess calories: E66.01 (BMI ≥ 40 or BMI ≥ 35.0 – 39.9 plus documented comorbidity such as, DM, CAD, CHF, Sleep apnea, MDD, Severe HTN, Hyperlipidemia.) Must clearly state what the comorbidity is

OPHTHALMOLOGY

- Exudative Macular Degeneration: H35.32
- Vitreous Hemorrhage: H43.1

RHEUMATOLOGY

- SLE, unspecified: M32.9 Sicca Syndrome, unspecified: M35.00
- Rheumatoid Arthritis, unspecified: M06.9 (Diagnose when certain and prescribe DMARD)
- Inflammatory Polyarthropathy: M06.4 (Diagnose when RA diagnosis is uncertain)
- Polymyalgia Rheumatica: M35.3

SURGICAL

- Colostomy: Z93.3 Cystostomy: Z93.50 Ileostomy: Z93.2 Gastrostomy: Z93.1 Tracheostomy: Z93.0 Amputation of toes, lower limbs: Z89.4_ Z89.6_
- Transplant status (stem cell, bone marrow, pancreas, liver, heart, lung): Z94._