

HCC Department Coding Newsletter

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MONTHLY CODING SPOTLIGHT



WORDING SPECIFICS

When it comes to HCC coding, there are instances where specific words **must** be included in the documentation in order to validate as an HCC. The absence of this requirement will make a difference in code selection and ultimately affect RAF. What may be apparent to the examiner and may seem to be a valid diagnosis, may not get reported properly unless the document specifically includes some imperative descriptors.

Some key descriptions are identified in bold italics, and unless they are part of the documentation, they will not map to an HCC.

- ***Chronic*** hepatitis, viral, B and C
- ***Dependence*** on drugs and alcohol, (use and abuse do not risk adjust)
- ***Major*** in the setting of depression with severity
- ***Morbid*** or ***Severe*** in obesity
- ***Purpura*** in discoloration of the skin
- ***Alcoholic*** even if in remission or now sober
- ***Alcohol induced*** or ***chronic*** pancreatitis
- ***Ulcerative*** colitis
- ***Skin ulcer*** (wound does not risk adjust)
- ***Malnutrition*** in under weight or weight loss
- ***Exudative*** macular degeneration
- ***Chronic*** bronchitis

Specific documentation and coding clearly identifies the severity level of disease and aids in the care of our chronically sick members.

WORDS MAKE A DIFFERENCE



Things to consider for precise documentation and coding

The Quick Pick List:

- While these may be efficient, they are not accurate
- They often contain unspecified or generalized codes
- Codes may be missing imperative words for specificity

The Superbill:

- Limits the code selections
- May be outdated if not updated annually
- Is not a good documentation source

Past Medical History:

- As this states, these conditions are considered history
- To accurately code and bill, these conditions need to be brought into the body of the record and addressed at the time of service

- ⇒ The tense also matters for correct documentation and coding. Be careful when using words such as “active” as in CVA when the condition is not currently happening.
- ⇒ Words like “history of” often get used to describe current conditions which poses a conflict as well as a coding quandary. Status post should be used to describe a condition that happened in the past as in a late effect.
- ⇒ Using words like “probable”, “suspected”, “apparent” or “questionable” cannot be used for definitive diagnosis coding.

Word choices make a difference in diagnosis coding and should be used to the highest level of specificity to accurately describe all conditions.