

## 2019 HCC Coding and Documentation Tips

Always make sure that you are using the current year ICD -10 codes

### Validated HCC Coding requires documenting:

- Diagnosis
- Status of Condition
- Plan of Action

#### For example:

"CHF, stable, continue current meds"  
(document current medication member is taking for condition)

"Diabetic CKD III controlled, continue current meds, follow up appt, labs 6 months"

Once a Year, **Document Chronic Active Conditions** *commonly not documented*

**COAST** - Do NOT use the words "HISTORY OF" if patient has active disease currently being treated.

**Chronic Dx:** CHF, COPD, DM, Residual effects of Stroke/CVA: I69. ○

**Ostomy:** Colostomy: Z93.3 / Cystostomy: Z93.50 / Ileostomy: Z93.2 / Gastrostomy: Z93.1

**Amputations:** including toes and lower limbs: Z89. ○

**Seizures/Epilepsy:** G40.90 ○ / Spinal Disorders: Paraplegia: G82.20 / Quadriplegia: G82.50

**Transplants:** Stem cell, liver, heart, lung: Z94. ○

○ = additional digit(s) required

### Diabetes with Manifestations

Many codes are now combination codes. Please be sure to review your ICD 10 book to determine if a secondary code is required.

<b>E11.5</b> ○ DMII with <b>Circulatory</b> Disorders	<b>E11.6</b> ○ DMII with <b>Other</b> Specified Complication
<b>E11.51</b> w/Peripheral Angiopathy without gangrene	<b>E11.61</b> ○ with Arthropathy
<b>E11.4</b> ○ DMII with <b>Neurological</b> Manifestations	<b>E11.62</b> ○ with Diabetic Ulcer
<b>E11.40</b> Diabetic Neuropathy	<b>E11.65</b> with <b>Hyperglycemia</b>
<b>E11.43</b> Diabetic Autonomic Gastroparesis	<b>E11.649</b> with <b>Hypoglycemia</b>
<b>E11.3</b> ○ DMII with <b>Ophthalmic</b> Complications	<b>E11.69</b> with Other Specified Complication *
<b>E11.31</b> ○ to <b>E11.35</b> ○ with Retinopathy	* must document causal relationship with complication
<b>E11.2</b> ○ DMII with <b>Renal</b> Manifestations	<b>Z79.4</b> Long term use of insulin
<b>E11.22</b> + <b>N18.</b> ○ with CKD	<b>R73.09</b> Abnormal Glucose
	<b>R73.03</b> Pre-Diabetes

### Cardiovascular - Do not code unstable angina in the office (usually ER or INPT only).

If CAD consider Angina if pt. on B-Blocker, Ca++ Channel Blocker or Nitrate.

<b>I25.119</b> CAD w/ unspecified Angina	<b>I47.1</b> Supraventricular Tachycardia (PSVT)
<b>I25.709</b> CAD s/p CABG w/unspecified Angina	<b>I49.5</b> Sick Sinus Syndrome (Sinoatrial dysfunction)
<b>I20.9</b> Angina	<b>I48.91</b> Atrial Fibrillation
<b>I50.9</b> CHF	<b>I21.9</b> MI (acute) NOS, <4 weeks old
<b>I42.9</b> Cardiomyopathy	<b>Z79.01</b> Long Term Anticoagulation
<b>I27.2</b> ○ Pulmonary Hypertension	

### Chronic Kidney Disease - Check GFR and Microalbuminuria at least twice a year.

<b>N18.1</b> CKD I GFR >90 w/ Microalbumin	<b>N18.6</b> ESRD on Dialysis
<b>N18.2</b> CKD II GFR 60-89 w/ Microalbumin	<b>Z91.15</b> Dialysis-Noncompliance
<b>N18.3</b> CKD III GFR 30-59	<b>Z99.2</b> Dialysis Status/presence of AV shunt
<b>N18.4</b> CKD IV GFR 15-29	<b>N25.81</b> Secondary Hyperparathyroidism, Renal
<b>N18.5</b> CKD V GFR <15	

### Circulatory / Vascular

<b>I71.4</b> Abdominal Aortic Aneurysm - AAA w/o rupture	<b>L89.9</b> ○ Pressure Ulcer - Document location and stage
<b>I70.0</b> Aortic Atherosclerosis (as on CXR)	<b>I83.0</b> ○ Venous Stasis Ulcer
<b>I77.819</b> Aortic Ectasia, unspecified site	<b>I82.5</b> ○ Chronic DVT (on long term anticoagulation)
<b>I77.1</b> Tortuous Artery	<b>I73.9</b> Peripheral Vascular Disease (PVD)
<b>I70.209</b> Atherosclerosis, Extremities (plaque is atherosclerosis)	

### Dermatology

<b>C43.</b> ○ Malignant Melanoma	<b>Z85.820</b> H/O Malignant Melanoma
<b>D03.</b> ○ Melanoma in Situ	<b>D69.2</b> Senile Purpura

### Gastroenterology

<b>K70.9</b> Alcoholic Liver Disease	<b>B18.2</b> Chronic Viral Hepatitis C
<b>K70.30</b> Alcoholic Cirrhosis	<b>K73.9</b> Chronic Hepatitis, unspecified
<b>K72.</b> ○ End Stage Liver Disease	<b>K56.41</b> Fecal Impaction

### Hematology

<b>D70.</b> ○ Neutropenia	<b>D47.3</b> Thrombocythemia
<b>D61.8</b> ○ Pancytopenia	<b>D69.6</b> Thrombocytopenia
<b>D45</b> Polycythemia Vera	

**Malnutrition** - Patients with CHF, COPD, Cancer, Depression and ill health are often malnourished.

Do NOT report "abnormal weight loss, underweight, loss of appetite" when malnutrition should be considered.

**E44.0 to E46** Protein Calorie Malnutrition

Wt loss of 5% in 3-6 months, Wt loss of 10% in 6 months

**R64** Cachexia - muscle wasting, poor grip strength, anorexia \*

\* Code first underlying condition, if known

**Morbid Obesity****E66.01** Morbid Obesity, due to excess calories (BMI ≥40) \***Z68.4** BMI 40 or greater

\* Code also BMI

**Z68.3** BMI 35 - 39.99 w/ comorbid conditions (must document causal relationship)

Diabetes, HTN, Hyperlipidemia, CHF, CAD, DJD of knee/hip, Sleep apnea

**Musculoskeletal****M06.4** Inflammatory polyarthropathy**M12.08** Chronic postrheumatic arthropathy**T84.84XA** Chronic pain in prosthetic joint (initial encounter)**M46.0** Inflammatory spondylopathies**M46.1** Sacroiliitis - (must document SI joint abnormality on imaging)**Neurology** - Do not code acute CVA (usually ER or INPT only).**Z86.73** History of CVA - use when there are no late effects of the CVA**I69.0** Late Effect of CVA**I69.35** Hemiplegia/Hemiparesis**I69.34** Monoplegia Lower Limb**I69.33** Monoplegia Upper Limb**I69.96** Other Paralytic Syndrome**G40.90** Epilepsy**G20** Parkinson's**Polyneuropathy in:****G62.1** Alcoholic**G62.0** Due to Drugs**M32.19** Lupus**M05.5** RA**G63** Other Diseases - Document a link- such as:

due to, caused by (B12 def, Chronic Hep, CKD IV, ESRD, ESLD, HIV/AIDS, IBD, Malignancies, Pre-Diabetes)

**Oncology** - Document cancer as ACTIVE if:

undergoing tx (including hormones like Tamoxifen/Lupron) waiting for tx, watchful waiting, refuses tx: C00.0 to D48.0

**Z85.00 - Z85.9** Use "HISTORY OF" codes for cancers that are cured/show no evidence of disease**C77.0 to C80.0** Secondary Malignant Neoplasm (Metastases) - Document by location of metastasis**C83.0 to C88.0** LYMPHOMA documented as "IN REMISSION" is coded as active**C91.0 to C95.1** Do not code LEUKEMIA as "history of" rather as "IN REMISSION"**Ophthalmology****H35.32** Exudative Macular Degeneration**H43.1** Vitreous Hemorrhage**Psychiatric** - Document chronic lifetime conditions.**F20.0** Schizophrenia**F31.0** Bipolar**Major Depression** - Do NOT write "depression". Instead, document as "major depression" with a specific descriptor: mild, moderate, severe, partial or full remission.**F32.0** Single Episode**F33.0** Recurrent, lifetime**Use, Abuse and Dependence** - Do NOT code "abuse" when a patient has chronic dependence/use.**F10.2** Alcohol Dependence / Alcoholism**F10.9** Alcohol Use Disorder**Drug Dependence** - Code for patients on chronic meds for treatment with maladaptive behavior.**Must document** at least 2 maladaptive behaviors to code "dependence," including desire, or unsuccessful effort to cut down, etc. Tolerance and withdrawal are to be used as criteria only if the patient is non-compliant or if they have chronic opiate use.**F13.2** Benzodiazepines**F11.2** Opioid Dependence**Z79.891** Chronic Opiate Use**Dementia** - Check MMSE/SLUMS.**F03.9** Senile Dementia / Dementia with Depression**G30.9** Alzheimers**F03.90 + F05** Dementia with Psychosis (delusions, hallucinations)**G30.9 + F02.80** Dementia in Alzheimers**Respiratory** - Document to the highest specificity and include type of asthma or bronchitis.**J41.0** Simple Chronic Bronchitis (smokers cough)**J44.9** Chronic Obstructive Asthma**J44.9** COPD**J43.9** Emphysema**J96.10** Chronic Respiratory Failure - consider in COPD if Pulse Ox is <88% on room air**J84.10** Post inflammatory Pulmonary Fibrosis (interstitial scarring) Lung Granuloma**Z99.81** Long Term Oxygen Use - be sure to document chronic pulmonary condition**Urology****E72.53** Hyperoxaluria (Calcium oxalate kidney stones)**T83.038** Leakage of other urinary catheter**T83.511** Infection and inflammatory reaction due to indwelling urethral catheter**T83.098** Mechanical complication of other urinary catheter