

2020 HCC Coding and Documentation Tips with COVID-19 Updates

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 appointment and labs"

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

COAST - Do NOT use the words "HISTORY OF" if patient has an 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

COVID-19 Diagnosis Codes

Only confirmed diagnosis of coronavirus disease should be coded. Presumptive positive COVID-19 test result should be coded as confirmed.

Not Confirmed COVID-19

- Z11.59** Screening for COVID (asymptomatic/test result unknown or negative)
- Z03.818** Possible exposure to COVID-19 (ruled out after evaluation)
- Z20.828** Actual exposure to COVID-19 (test result unknown or negative)

Confirmed/Positive COVID-19 effective 02/20/20-03/31/20

- B97.29** Other coronavirus as the cause of diseases classified elsewhere

COVID-19 Signs and symptoms/Diagnosis not established

- R06.2** Shortness of breath
- R05** Cough
- R50.9** Fever, unspecified
- R53.83** Other fatigue

Confirmed/Positive COVID-19 effective 04/01/20

- U07.1** 2019 nCoV acute respiratory disease

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.

- E11.5** ○ DMII with **Circulatory** Disorders
- E11.51** w/Peripheral Angiopathy without gangrene
- E11.4** ○ DMII with **Neurological** Manifestations
- E11.40** Diabetic Neuropathy
- E11.43** Diabetic Autonomic Gastroparesis
- E11.3** ○ DMII with **Ophthalmic** Complications
- E11.31** ○ to **E11.35** ○ with Retinopathy
- E11.2** ○ DMII with **Renal** Manifestations
- E11.22** + **N18.** ○ with CKD

- E11.6** ○ DMII with **Other** Specified Complication
- E11.61** ○ with Arthropathy
- E11.62** ○ with Diabetic Ulcer
- E11.65** with **Hyperglycemia**
- E11.649** with **Hypoglycemia**
- E11.69** with Other Specified Complication*

* Must document causal relationship with complication

- Z79.4** Long term use of insulin
- R73.09** Abnormal Glucose
- R73.03** 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.

- I25.119** CAD w/ unspecified Angina
- I25.709** CAD s/p CABG w/unspecified Angina
- I20.9** Angina
- I50.9** CHF
- I42.9** Cardiomyopathy
- I27.2** ○ Pulmonary Hypertension

- I47.1** Supraventricular Tachycardia (PSVT)
- I49.5** Sick Sinus Syndrome (Sinoatrial dysfunction)
- I48.91** Atrial Fibrillation
- I21.9** MI (acute) NOS, <4 weeks old
- Z79.01** Long Term Anticoagulation

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

- N18.1** CKD I GFR >90 with Microalbumin
- N18.2** CKD II GFR 60-89 with Microalbumin
- N18.3** CKD III GFR 30-59
- N18.4** CKD IV GFR 15-29
- N18.5** CKD V GFR <15

- N18.6** ESRD on Dialysis
- Z91.15** Dialysis-Noncompliance
- Z99.2** Dialysis Status/presence of AV shunt
- N25.81** Secondary Hyperparathyroidism, Renal

Circulatory / Vascular

- I71.4** Abdominal Aortic Aneurysm - AAA w/o rupture
- I70.0** Aortic Atherosclerosis (as on CXR)
- I77.819** Aortic Ectasia, unspecified site
- I77.1** Tortuous Artery
- I70.209** Atherosclerosis, Extremities (plaque is atherosclerosis)

- L89.9** ○ Pressure Ulcer - Document site location and stage (II, III, IV)
- I83.0** ○ Venous Stasis Ulcer
- I82.5** ○ Chronic DVT (on long term anticoagulation)
- I73.9** Peripheral Vascular Disease (PVD)

Dermatology

- C43.** ○ Malignant Melanoma
- D03.** ○ Melanoma in Situ

- Z85.820** H/O Malignant Melanoma
- D69.2** Senile Purpura

Gastroenterology

- K70.9** Alcoholic Liver Disease
- K70.30** Alcoholic Cirrhosis
- K72.** ○ End Stage Liver Disease

- B18.2** Chronic Viral Hepatitis C
- K73.9** Chronic Hepatitis, unspecified
- K56.41** Fecal Impaction

Hematology

- D70.** ○ Neutropenia
- D61.8** ○ Pancytopenia
- D45** Polycythemia Vera

- D47.3** Thrombocythemia
- D69.6** Thrombocytopenia

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.** ○ 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 posttraumatic arthropathy
- T84.84XA** Chronic pain in prosthetic joint (initial encounter)

- M46.** ○ 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.** ○ 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. ○ to D48. ○

- Z85.00 - Z85.9** Use "HISTORY OF" codes for cancers that are cured/show no evidence of disease
- C77.** ○ to **C80.** ○ Secondary Malignant Neoplasm (Metastases) - Document by location of metastasis

- C83.** ○ to **C88.** ○ LYMPHOMA documented as "IN REMISSION" is coded as active
- C91.** ○ 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

- F20.** ○ Schizophrenia

- F31.** ○ Bipolar

Major Depression

- Do NOT write "depression". Instead, document as "major depression" with a specific descriptor: mild, moderate, severe, partial or full remission.

- F32.** ○ Single Episode

- F33.** ○ Recurrent, lifetime

Alcohol / Drug Use, Abuse and Dependence

- 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

- F12.9** ○ Cannabis Use
- F12.2** ○ Cannabis Dependence

- F12.1** ○ Cannabis Abuse

Dementia

- F03.9** ○ Senile Dementia / Dementia with Depression
- G30.9** Alzheimer's

- F03.90 + F05** Dementia with Psychosis (delusions, hallucinations)
- G30.9 + F02.8** ○ Dementia in Alzheimer's

Respiratory

- 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