

## 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

- Z03.818** Possible exposure to other biological agents (ruled out after evaluation)
- Z11.52** Screening for COVID-19 (asymptomatic) Effective 01/01/2021
- Z20.822** Contact with and (suspected) exposure to COVID-19. Effective 01/01/2021

### COVID-19 Signs and symptoms/Diagnosis not established

- R05.0** ○ Cough Acute=1, Subacute=2, Chronic=3, Unspecified=9. Effective 10/01/2021
- R06.02** Shortness of breath
- R50.9** Fever, unspecified
- R53.83** Other fatigue

### Confirmed/Positive COVID-19 effective 02/20/20-03/31/2020

- B97.29** Other coronavirus as the cause of diseases classified elsewhere
- ### Confirmed/Positive COVID-19
- U07.1** COVID-19. Effective 04/01/21
  - U09.9** Post COVID-19 condition, unspecified. Effective 10/01/2021
  - J12.82** Pneumonia due to coronavirus disease 2019. Effective 01/01/2021
  - M35.81** Multisystem inflammatory syndrome. Code first COVID-19, U07.1. Effective 01/01/2021
  - M35.89** Other specified systemic involvement of connective tissue. Effective 01/01/2021
  - Z86.16** Personal history of COVID-19. Effective 01/01/2021

## 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.

- E11.2** ○ DMII with Renal Manifestations
- E11.22 + N18.0, N18.3** ○ with CKD
- E11.3** ○ DMII with Ophthalmic Complications
- E11.31** ○ with Retinopathy
- to **E11.35** ○
- E11.4** ○ DMII with Neurological Manifestations
- E11.40** Diabetic Neuropathy
- E11.43** Diabetic Autonomic Gastroparesis
- E11.5** ○ DMII with Circulatory Disorders
- E11.51** with Peripheral Angiopathy without gangrene
- E11.6** ○ DMII with Other Specified Complication
- E11.61** ○ with Arthropathy
- E11.62** ○ with Diabetic Ulcer
- E11.649** with Hypoglycemia
- E11.65** with Hyperglycemia
- E11.69** with Other Specified Complication
- \* Must document causal relationship with complication
- R73.03** Pre-Diabetes
- R73.09** Abnormal Glucose
- Z79.4** Long term use of insulin

## 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.

- I20.9** Angina
- I21.9** MI (acute) NOS, <4 weeks old
- I25.119** CAD w/ unspecified Angina
- I25.2** Old myocardial infarction, > 4 weeks old
- I25.709** CAD s/p CABG w/unspecified Angina
- I27.2** ○ Pulmonary Hypertension
- I42.9** Cardiomyopathy
- I47.1** Supraventricular Tachycardia (PSVT)
- I48.91** Atrial Fibrillation
- I49.5** Sick Sinus Syndrome (Sinoatrial dysfunction)
- I50.9** CHF
- 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
- N18.30** CKD III Unspecified
- N18.31** CKD III a GFR 45-59
- N18.32** CKD III b GFR 30-44
- N18.4** CKD IV GFR 15-29
- N18.5** CKD V GFR <15
- N18.6** ESRD on Dialysis
- N25.81** Secondary Hyperparathyroidism, Renal
- Z91.15** Dialysis-Noncompliance
- Z99.2** Dialysis Status/presence of AV shunt

## Circulatory / Vascular

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

## Dermatology

- D03.0** ○ Melanoma in Situ
- D69.2** Senile Purpura
- C43.0** ○ Malignant Melanoma
- Z85.820** H/O Malignant Melanoma

## Gastroenterology

- B18.2** Chronic Viral Hepatitis C
- K56.41** Fecal Impaction
- K70.9** Alcoholic Liver Disease
- K70.30** Alcoholic Cirrhosis
- K72.0** ○ End Stage Liver Disease
- K73.9** Chronic Hepatitis, unspecified

<p><b>Hematology</b></p> <p><b>D45</b> Polycythemia Vera  <b>D47.3</b> Thrombocythemia  <b>D61.8</b> ○ Pancytopenia  <b>D69.6</b> Thrombocytopenia  <b>D70.</b> ○ Neutropenia</p>	<p><b>Immunodeficiency status due to underlying conditions</b></p> <p><b>D84.81</b> Immunodeficiency due to conditions classified elsewhere. Excludes: HIV (B20, Z21) Specify underlying conditions such as: diabetes mellitus (E08-E13), malignant neoplasms (C00-C96), chromosomal abnormalities (Q90-Q99)  <b>D84.821</b> Immunodeficiency due to drugs.  <b>D84.822</b> Immunodeficiency due to external causes.</p>
<p><b>Malnutrition</b> - 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.</p> <p><b>E44.0</b> to <b>E46</b> Protein Calorie Malnutrition  Wt loss of 5% in 3-6 months, Wt loss of 10% in 6 months</p> <p><b>R64</b> Cachexia - muscle wasting, poor grip strength, anorexia*  * Code first underlying condition, if known</p>	
<p><b>Morbid Obesity</b></p> <p><b>E66.01</b> Morbid Obesity, due to excess calories (BMI ≥40)*  <b>E66.2</b> Morbid (severe) obesity with alveolar hypoventilation</p> <p>*Code also BMI</p>	<p><b>Z68.3</b> ○ BMI 35 - 39.99 w/ comorbid conditions (must document causal relationship) Diabetes, HTN, Hyperlipidemia, CHF, CAD, DJD of knee/hip, Sleep apnea  <b>Z68.4</b> ○ BMI 40 or greater</p>
<p><b>Musculoskeletal</b></p> <p><b>M06.4</b> Inflammatory polyarthropathy  <b>M12.08</b> Chronic posttraumatic arthropathy  <b>M46.</b> ○ Inflammatory spondylopathies</p>	<p><b>M46.1</b> Sacroiliitis (must document SI joint abnormality on imaging)  <b>T84.84XA</b> Chronic pain in prosthetic joint (initial encounter)</p>
<p><b>Neurology</b> - Do not code acute CVA (usually ER or INPT only)</p> <p><b>G20</b> Parkinson's  <b>G40.90</b> ○ Epilepsy  <b>I69.</b> ○ Late Effect of CVA  <b>I69.33</b> ○ Monoplegia Upper Limb  <b>I69.34</b> ○ Monoplegia Lower Limb  <b>I69.35</b> ○ Hemiplegia/Hemiparesis  <b>I69.96</b> ○ Other Paralytic Syndrome  <b>Z86.73</b> History of CVA - use when there are no late effects of the CVA</p> <p><b>Polyneuropathy in:</b></p> <p><b>G62.1</b> Alcoholic  <b>G63</b> Other Diseases - Document a link - such as: ESRD, ESLD, HIV/AIDS, IBD, Malignancies, Pre-Diabetes)  <b>M32.19</b> Lupus</p>	
<p><b>Oncology</b> - Document cancer as ACTIVE if: undergoing tx (including hormones like Tamoxifen/Lupron), waiting for tx, watchful waiting, refuses tx: <b>C00.</b> ○ to <b>D48.</b> ○</p> <p><b>Z85.00 - Z85.9</b> Use "HISTORY OF" codes for cancers that are cured/show no evidence of disease</p> <p><b>C77.</b> ○ to <b>C80.</b> ○ Secondary Malignant Neoplasm (Metastases) - Document by location of metastasis</p> <p><b>C83.</b> ○ to <b>C88.</b> ○ LYMPHOMA documented as "IN REMISSION" is coded as active</p> <p><b>C91.</b> ○ to <b>C95.1</b> ○ Do not code LEUKEMIA as "history of" rather as "IN REMISSION"</p>	
<p><b>Ophthalmology</b></p> <p><b>H35.32</b> ○ Exudative Macular Degeneration</p>	<p><b>H43.1</b> ○ Vitreous Hemorrhage</p>
<p><b>Psychiatric</b> - Document chronic lifetime conditions.</p> <p><b>F20.</b> ○ Schizophrenia</p> <p><b>F31.</b> ○ Bipolar</p> <p><b>Major Depression</b> - Do NOT write "depression". Instead, document as "major depression" with a specific descriptor: mild, moderate, severe, partial or full remission.</p> <p><b>F32.</b> ○ Single Episode</p> <p><b>F33.</b> ○ Recurrent, lifetime</p> <p><b>Drug Dependence</b> - Code for patients on chronic meds for treatment with maladaptive behavior. <b>Must document</b> 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.</p> <p><b>F11.2</b> ○ Opioid Dependence  <b>F12.1</b> ○ Cannabis Abuse  <b>F12.2</b> ○ Cannabis Dependence  <b>F12.9</b> ○ Cannabis Use</p> <p><b>F13.2</b> ○ Benzodiazepines  <b>Z79.891</b> Chronic Opiate Use</p> <p><b>Dementia</b> - Check MMSE/SLUMS</p> <p><b>F02.80</b> Dementia in other diseases <u>without</u> behavioral disturbance  <b>F02.81</b> Dementia in other diseases <u>with</u> behavioral disturbance  <b>F03.9</b> ○ Senile Dementia / Dementia with Depression  <b>F03.90</b> Dementia <u>without</u> behavioral disturbance (unspecified)  <b>F03.91</b> Dementia <u>with</u> behavioral disturbance (unspecified)</p> <p><b>F03.90 + F05</b> Dementia with Psychosis (delusions, hallucinations)  <b>G30.9</b> Alzheimer's  <b>G30.9 + F02.8</b> ○ Dementia in Alzheimer's</p>	
<p><b>Respiratory</b> - Document to the highest specificity and include type of asthma or bronchitis.</p> <p><b>J41.0</b> Simple Chronic Bronchitis (smokers cough)  <b>J43.9</b> Emphysema  <b>J44.9</b> Chronic Obstructive Asthma  <b>J44.9</b> COPD  <b>J82.81</b> Chronic eosinophilic pneumonia</p> <p><b>J84.10</b> Post inflammatory Pulmonary Fibrosis (interstitial scarring) Lung Granuloma  <b>J96.10</b> Chronic Respiratory Failure - consider in COPD if Pulse Ox is &lt;88% on room air  <b>Z99.81</b> Long Term Oxygen Use - be sure to document chronic pulmonary condition</p>	
<p><b>Urology</b></p> <p><b>E72.53</b> Hyperoxaluria (Calcium oxalate kidney stones)  <b>T83.038</b> ○ Leakage of other urinary catheter  <b>T83.098</b> ○ Mechanical complication of other urinary catheter</p>	<p><b>T83.511</b> ○ Infection and inflammatory reaction due to indwelling urethral catheter</p>