

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)
- Z20.822** Contact with and (suspected) exposure to COVID-19.

COVID-19 Signs and symptoms/Diagnosis not established

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

Confirmed/Positive COVID-19

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

Confirmed/Positive COVID-19

- U07.1** COVID-19.
- U09.9** Post COVID-19 condition, unspecified.
- J12.82** Pneumonia due to coronavirus disease.
- M35.81** Multisystem inflammatory syndrome. Code first COVID-19, U07.1.
- M35.89** Other specified systemic involvement of connective tissue.
- Z86.16** Personal history of COVID-19.

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
- Z79.85** Long term use of injectable non-insulin antidiabetic drugs

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.

- I20.2** Refractory Angina
- I20.9** Angina
- I21.9** MI (acute) NOS, <4 weeks old
- I25.112** CAD w/ Refractory Angina
- 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)
- I47.20** Ventricular Tachycardia (VT), Unspecified
- 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)
- I71.40** Abdominal Aortic Aneurysm - AAA w/o rupture, unspecified
- 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.** ○ Melanoma in Situ
- D69.2** Senile Purpura
- C43.** ○ 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.** ○ End Stage Liver Disease
- K73.9** Chronic Hepatitis, unspecified

Hematology

- D45** Polycythemia Vera
- D47.3** Thrombocythemia
- D61.8** ○ Pancytopenia
- D69.6** Thrombocytopenia
- D70.** ○ Neutropenia

Immunodeficiency status due to underlying conditions

- D84.81** 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)
- D84.821** Immunodeficiency due to drugs.
- D84.822** Immunodeficiency due to external causes.

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)*
- E66.2** Morbid (severe) obesity with alveolar hypoventilation
- *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
- Z68.4** ○ BMI 40 or greater

Musculoskeletal

- M06.4** Inflammatory polyarthropathy
- M12.08** Chronic posttraumatic arthropathy
- M46.** ○ Inflammatory spondylopathies
- M46.1** Sacroiliitis (must document SI joint abnormality on imaging)
- T84.84XA** Chronic pain in prosthetic joint (initial encounter)

Neurology

 - Do not code acute CVA (usually ER or INPT only)

- G20** Parkinson's
- G40.90** ○ Epilepsy
- I69.** ○ Late Effect of CVA
- I69.33** ○ Monoplegia Upper Limb
- I69.34** ○ Monoplegia Lower Limb
- I69.35** ○ Hemiplegia/Hemiparesis
- I69.96** ○ Other Paralytic Syndrome
- Z86.73** History of CVA - use when there are no late effects of the CVA
- Polyneuropathy in:**
- G62.1** Alcoholic
- G63** Other Diseases - Document a link - such as: ESRD, ESLD, HIV/AIDS, IBD, Malignancies, Pre-Diabetes)
- M32.19** Lupus

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
- C83.** ○ to **C88.** ○ LYMPHOMA documented as "IN REMISSION" is coded as active
- C77.** ○ to **C80.** ○ Secondary Malignant Neoplasm (Metastases) - Document by location of metastasis
- 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

 - Document chronic lifetime conditions.

- 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

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.

- F11.2** ○ Opioid Dependence
- F12.1** ○ Cannabis Abuse
- F12.2** ○ Cannabis Dependence
- F12.9** ○ Cannabis Use
- F13.2** ○ Benzodiazepines
- Z79.891** Chronic Opiate Use

Dementia

 - Check MMSE/SLUMS

- F02.80** Dementia in other diseases without behavioral disturbance
- F02.818** Dementia in other diseases, unspecified severity, with other behavioral disturbance
- F03.9** ○ Senile Dementia / Dementia with Depression
- F03.90** Dementia without behavioral disturbance (unspecified)
- F03.918** Dementia, unspecified severity, with other behavioral disturbance
- F03.90 + F05** Dementia with Psychosis (delusions, hallucinations)
- G30.9** Alzheimer's
- G30.9 + F02.8** ○ Dementia in Alzheimer's

Respiratory

 - Document to the highest specificity and include type of asthma or bronchitis.

- J41.0** Simple Chronic Bronchitis (smokers cough)
- J43.9** Emphysema
- J44.9** Chronic Obstructive Asthma
- J44.9** COPD
- J82.81** Chronic eosinophilic pneumonia
- J84.10** Post inflammatory Pulmonary Fibrosis (interstitial scarring) Lung Granuloma
- J96.10** Chronic Respiratory Failure - consider in COPD if Pulse Ox is <88% on room air
- 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
- T83.098** ○ Mechanical complication of other urinary catheter
- T83.511** ○ Infection and inflammatory reaction due to indwelling urethral catheter