

HCC Coding Opportunities

Chronic Conditions

- Conditions that the patient has and is expected to have as an ongoing health issue.
- Chronic conditions need to be documented as chronic, annually, even when stable with treatment.
- Document severity/stage of condition (i.e. stage IV chronic kidney disease/major depression).
- Document associated conditions or complications and relationship to the underlying chronic condition (i.e. diabetic neuropathy, cirrhosis secondary to alcoholism)

Active Status

- Conditions which are present and unresolved or unlikely to resolve also need to be documented at least annually.
- CMS considers the condition resolved if not evaluated and coded at least once/calendar year, in which case the risk factor score for the member is lowered.
- H/O or S/P is indicative of a past condition, so coders cannot use to code as active chronic disease. Can use: insulin status stable, Hx MI status stable, nephropathy status stable.

Forever Codes

- Conditions that do not go away and patients are expected to have forever should be documented at least once a year.
 - Amputation
 - Transplants
 - Alcoholism in remission
 - CHF (compensated)
- Other possible forever codes – Ostomy, Cirrhosis, Diabetes, Hepatitis, Paraplegia/Quadriplegia – be specific.





Examples: Underdocumentation



Not all diagnoses carry an HCC value. Always use the most specific diagnosis code to accurately describe the patient's condition.

ICD10	Has CMS-HCC Value	ICD10	No CMS-HCC Value
I20.9	Angina Pectoris	R07.9	Chest Pain
G20	Parkinson's	R25.1	Tremor
J42	Chronic Bronchitis	R05	Chronic Cough
F32.0	Major Depression, single, mild	F32.9	Depressed
I48.91	Atrial fibrillation	I49.9	Arrhythmia
D61.9	Aplastic Anemia	D64.9	Anemia
J69.0	Aspiration Pneumonia	J18.9	Pneumonia
I50.21	Acute Systolic Heart Failure	E87.70	Volume Overload
N18.4	CKD 4	N28.9	Renal Insufficiency

