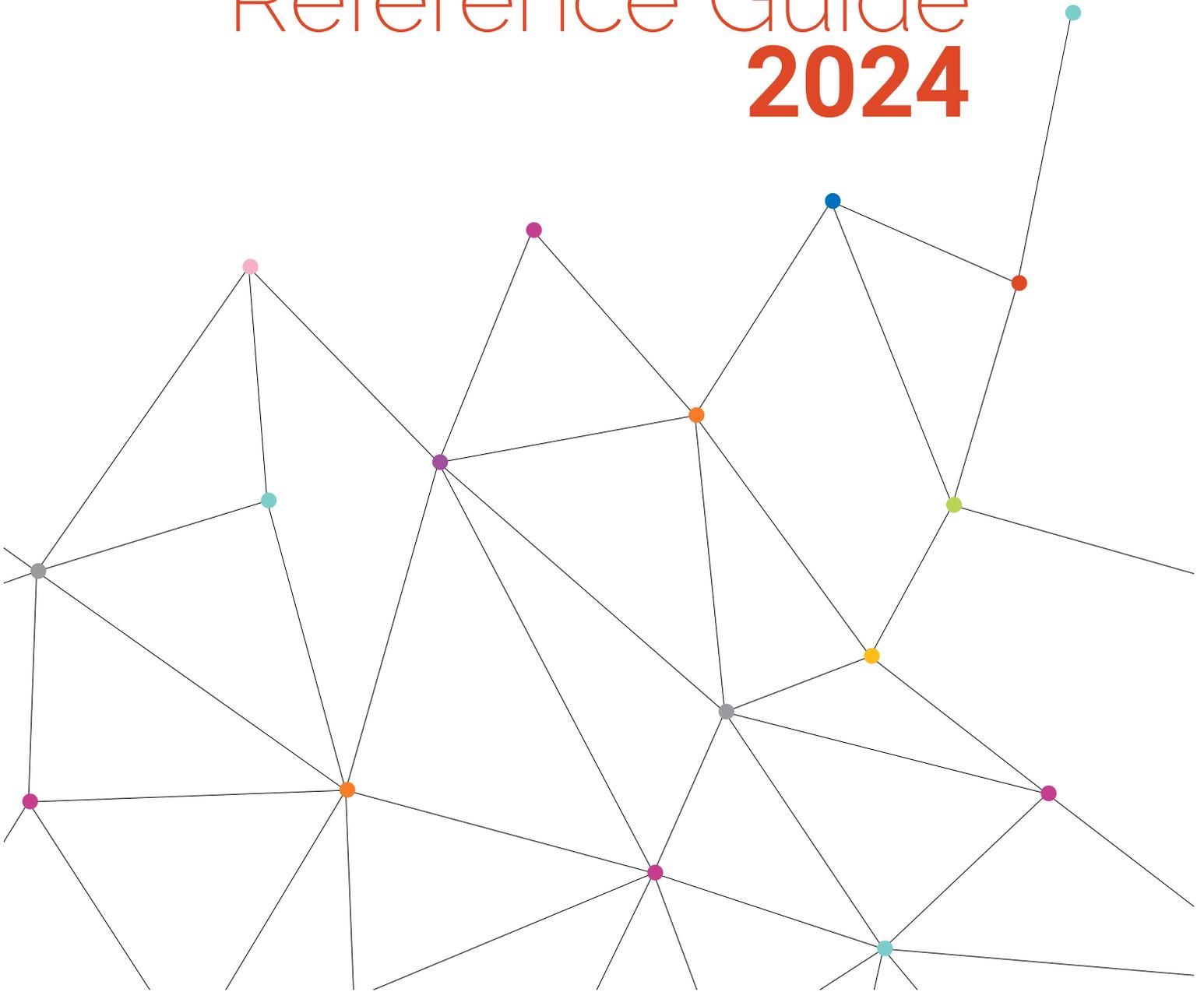




# HCC Quick Reference Guide **2024**





# HCC Focus



## Overview:

Hierarchical Condition Category (HCC) coding is a risk-adjustment model created by the centers for Medicare & Medicaid Services (CMS) to estimate future health care costs for patients.

- CMS maps an ICD-10 code to exactly one HCC to assign risk scores to patients.
- Payers assign patients a risk-adjustment factor (RAF) using HCC scores and demographic

factors, such as age and gender, which factor into the calculation.

- Algorithms then allow payers to use a patient's RAF to predict costs.
- Higher costs would be predicted for sicker patients and lower costs for healthier patients.

## Financial Impact of Scoring:

### 76-YEAR-OLD FEMALE, DEMOGRAPHIC RAF SCORE = .448

Nonspecific Documentation	HCC Score	Specific Documentation	HCC Score
Obesity	0	Morbid obesity, BMI 42	.273
Type 2 Diabetes	.104	Type 2 diabetes with peripheral neuropathy	.318
Depression	0	Major depressive disorder, recurrent	.395
CHF	.323	Chronic diastolic CHF	.323
Pressure Ulcer, right heel	0	Stage 3 pressure ulcer of right heel	1.204
Smoker, chronic cough	0	COPD	.328
Disease Interaction CHF + DM	.154	Disease Interaction CHF + DM + COPD	.154, .19
Risk Score: <b>1.029</b> Sample MA member Annual payment: <b>\$9,000</b>		Risk Score: <b>3.633</b> Sample MA member Annual payment: <b>\$32,000</b>	

## Why does this matter?

- Value-based payment contracts are focusing on risk adjustment
- HCC coding explains patient complexity and paints a picture of the whole patient
- Helps with predicting health care resource utilization
- Risk-adjustment factors (RAFs) are used to adjust

***By accounting for differences in patient complexity, quality, and cost, performance can be more appropriately measured***

# HCC Focus | M.E.A.T.

## Documenting with M.E.A.T.:

HCC conditions may be rejected without the proper supportive documentation. Use the acronym M.E.A.T. to make sure you are documenting appropriately.

**M. E. A. T.**

**MONITOR:**  
signs,  
symptoms,  
disease  
progression

**EVALUATE:**  
physical exam  
findings,  
test results,  
response to  
treatment

**ASSESS:**  
(address) tests,  
discussion,  
review of  
records,  
counseling

**TREAT:**  
medications,  
therapies,  
referrals, other  
modalities

**DIAGNOSES RESET JANUARY 1 AND NEED TO BE READDRESSED EACH YEAR.**

## Documentation Tips:

- Choose the most specific diagnosis.
- Make sure documentation addresses the current status as well as the specific treatment plan.
- Document all applicable descriptors where appropriate (ex. A-FIB-CHRONIC, PAROXYSMAL, etc.).

**PRIORITIZATION OF DIAGNOSES IS IMPORTANT!**

# HCC Focus | Diabetes



HCC	Type 1	Type 2	Description
19	E10.9	E11.9	DM without complications
18	E10.21	E11.21	DM with diabetic nephropathy
18	E10.22	E11.22	DM with diabetic chronic kidney disease
18	E10.319	E11.319	DM with diabetic retinopathy
18	E10.36	E11.36	DM with diabetic cataract
18	E10.40	E11.40	DM with diabetic neuropathy
18	E10.42	E11.42	DM with diabetic polyneuropathy
18	E10.51	E11.51	DM with diabetic peripheral angiopathy
18	E10.621	E11.621	DM with diabetic foot ulcer
18	E10.649	E11.649	DM with hypoglycemia without coma
18	E10.65	E11.65	DM with hyperglycemia
18	E10.69	E11.69	DM with other specified complication* <i>*Must specify, link, and code complication</i>

- If a patient is Type 1, consider coding E10.65 (with hyperglycemia) when clinically indicated to increase the RAF by 0.21.
- When searching the diagnosis, start with entering “type 1 (or 2) diabetes” to ensure specificity.
- When coding with CKD, make sure you include the stage.
- Add location and stage for ulcers.

## Other Code Considerations:

HCC	Description	RAF	Type	Description
19	Without complication	0.102	Z79.4	Insulin Use <i>*Carries an additional weight of 0.104</i>
18	With chronic complications	0.312	E66.01	Morbid (severe) Obesity BMI must be 40+, code BMI (Z68.41-45) <i>*Carries an additional weight of 0.273</i>
17	With acute complications (coma, ketoacidosis, etc.)	0.312	Z89._	Acquired absence of (name limb) <i>amputation status, be specific: above, below, left, right</i> Lower limb = 0.578 RAF

# HCC Focus | Chronic Lung Disease

HCC	Dx Code	Diagnosis	RAF Score
111	J41.0	Simple chronic bronchitis	0.335
111	J43.- (add 4th character)	Emphysema	0.335
	0 = Unilateral	Emphysema	0.335
	1 = Panlobular	Emphysema	0.335
	2 = Centrilobular	Emphysema	0.335
	8 = Other	Emphysema	0.335
	9 = Unspecified	Emphysema	0.335
111	J44.0	COPD, with acute resp. infection	0.335
	J44.1	COPD, with acute exacerbation	0.335
	J44.9	COPD, unspecified	0.335
112	J84.10	Pulmonary Fibrosis	0.219
84	J96.10	Chronic Respiratory Failure	0.282
110	E84.9	Cystic Fibrosis	0.510

**DOCUMENT AS SPECIFIC AS POSSIBLE. Smoking history, CT results, pfts, etc.**

## HCC Categories that are relevant to the pulmonology specialty

HCC	Description
9	Lung and other severe cancers
82	Respirator dependence/Tracheostomy status
84	Cardio-Respiratory Failure and Shock
110	Cystic fibrosis
112	Fibrosis of Lung and other chronic lung disorders
114	Aspirations and specified bacterial pneumonia
115	Pneumococcal pneumonia, emphysema, lung disorders

## Other Code Considerations:

Type	Description
Z99.81	Dependent on supplemental oxygen
Z72.0	Tobacco use
F17.2_	Tobacco dependence
Z87.891	History of tobacco dependence
Z77.22	Exposure to environmental tobacco smoke

# HCC Focus | Chronic Kidney Disease

If CKD is present, it will always be applicable in a patient with diabetes, heart failure, or hypertension unless documentation indicates they are not related.

Examples of specified codes related to CKD in other conditions:

HCC	Description
112	Hypertensive CKD with stage 5 CKD or ESRD
112.9	Hypertensive CKD with stage 1-4 CKD or unspecified CKD
113	Hypertensive heart and CKD with heart failure, stage 1-4 CKD
E11.22	Type 2 Diabetes Mellitus with Diabetic Chronic Kidney Disease
E10.22	Type 1 Diabetes Mellitus with Diabetic Chronic Kidney Disease

You must use another code from the below chart to document the stage of CKD.

HCC	ICD-10 Code	Stage	GFR Value
N/A	N18.1	1	90ml or higher
N/A	N18.2	2 (mild)	89-60ml
138	N18.30	3 (moderate)	30-59ml
138	N18.31	3a	45-59ml
138	N18.32	3b	30-44ml
137	N18.4	4 (severe)	15-29ml
136	N18.5	5	<15ml
136	N18.6	ESRD	Requiring chronic dialysis or transplant

## DOCUMENT MUST INCLUDE THE STAGE; UNSPECIFIED = NO HCC

### Document Considerations

- Clearly state relationship "due to/caused by/ associated with"
- Document current status and concise treatment plan
- Transplant status and any transplant complications

HCC	Type	Description
134	Z99.2	Dialysis status or presence of AV fistula

# HCC Focus | Depressive Disorders

HCC	MDD Single Episode
F32.0	MDD, single episode, mild
F32.1	MDD, single episode, moderate
F32.2	MDD, single episode, severe without psychotic features
F32.3	MDD, single episode, severe with psychotic features
F32.4	MDD, single episode, in partial remission
F32.5	MDD, single episode, in full remission
F32.A	Typical “run of the mill depression” DOES NOT carry weight

HCC	MDD Recurrent Episode
F33.0	MDD, recurrent, mild
F33.1	MDD, recurrent, moderate
F33.2	MDD, recurrent, severe without psychotic features
F33.3	MDD, recurrent, severe with psychotic features
F33.4	MDD, recurrent, in remission, unspecified
F33.41	MDD, recurrent, in partial remission
F33.42	MDD, recurrent, in full remission
F33.8	Other recurrent depressive disorders
F33.9	MDD, recurrent, unspecified

HCC	Bipolar Disorder with Depression
F31.3	Bipolar disorder, current episode depressed, mild or moderate, severity, unspecified
F31.31	Bipolar disorder, current episode depressed, mild
F31.32	Bipolar disorder, current episode depressed, moderate
F31.4	Bipolar disorder, current episode depressed, severe without psychotic features
F31.5	Bipolar disorder, current episode depressed, severe with psychotic features

**ASYMPTOMATIC PATIENTS ARE CONSIDERED “IN REMISSION”, RATHER THAN “HISTORY OF”**

## Document Tips

- Make sure you include all descriptors in the diagnosis as well as in your final impression (with NO abbreviations).
- Document episodes of care, efficacy of treatment.
- Describe signs & symptoms, noting the treatment plan and medication when applicable.

# HCC Focus | Peripheral Vascular Disease

ICD-10 Code	Diagnosis	Consideration
170.0	Atherosclerosis of aorta	Classified by type of vessel, site & severity
Z99.81	Atherosclerosis of renal artery	Classified by type of vessel, site & severity
170.1	Atherosclerosis of native arteries of the extremities:	Hierarchy from most severe to least severe is: <ul style="list-style-type: none"> <li>• Gangrene, with tissue necrosis</li> <li>• Ulceration, with non-healing wound</li> <li>• Rest Pain, with chronic ischemia</li> <li>• Intermittent Claudication with Ischemia upon exertion</li> </ul>
171.2	Thoracic aortic aneurysm, without rupture	
171.4	Abdominal aortic aneurysm, without rupture	
171.9	Aortic Aneurysm of unspecified site, without rupture	
172.2	Aneurysm of renal artery	
173.0	Raynaud's syndrome	
173.9	Peripheral vascular disease	
177.1	Structure of artery (aortic tortuosity)	
177.819-.819	Aortic ectasia	

## Document Considerations

- Document all abnormal findings in ROS and on exam.
- Identify all associated- i.e., ulceration, gangrene, cellulitis, amputation status.
- "Wound" and "ulcer" are not synonymous; avoid using "wound" when documenting skin ulcers Code ulcers to the highest specificity (location, severity, laterality).

## HCC

## Diabetes with PVD

1E10.51	Type 1 DM with peripheral angiopathy without gangrene
E10.52	Type 1 DM with peripheral angiopathy with gangrene
E11.51	Type 2 DM with peripheral angiopathy without gangrene
E11.52	Type 2 DM with peripheral angiopathy with

## Impact of Specific Coding:

ICD-10	Description-Partial Coding	HCC Weight
173.9	Peripheral Vascular Disease, unspecified <b>Medicare expects patient to cost:</b>	0.288 <b>\$10,838</b>

## Non-pressure Chronic Ulcer Codes:

**L97.-** 4th Character – Site  
5th Character – Laterality  
6th Character - Severity

Description-Coding to Highest Specificity		
170.243 L97.321	Atherosclerosis of native arteries of left leg with ulceration of angle limited to breakdown of skin <b>Medicare expects patient to cost:</b>	1.488 <b>\$22,358</b>

# HCC Focus |

## Commonly Missed HCC Diagnoses

HCC	Diagnosis	ICD-10	Code Code Description
18	Diabetes w/ chronic complications	E11.21	Type 2 diabetes mellitus with diabetic nephropathy
		E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
		E11.40	Type 2 diabetes mellitus with diabetic neuropathy
		E11.51	Type 2 diabetes mellitus with diabetic peripheral vascular disease
19	Diabetes without complications	Z79.4	Long-term (current) use of insulin
22	Morbid Obesity	E66.01	DM w/ diabetic chronic kidney disease
		Z68.41-45	DMI 40-44.9, 45-49.9, 50-59.9, 60-69.9, 70 or greater
23	Other Endocrine & Metabolic disorders	E21.0	Hyperparathyroidism
40	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease	M06.9	Rheumatoid arthritis
48	Coagulation Defects and Other Specified Hematological Disorders	D68.51	Factor V Leiden mutation
		D69.6	Thrombocytopenia
59	Major Depressive, Bipolar, and Paranoid Disorders	F32.0	Major depressive disorder, mild
		F32.1	Major depressive disorder, moderate
79	Seizure Disorders and Convulsions	G40.909	Seizure disorder
85	Congestive Heart Failure	I11.0	Hypertensive heart disease with heart failure
		I27.20	Pulmonary hypertension
		I50.22	Chronic Systolic (congestive) heart failure
		I150.9	Heart failure, unspecified
96	Specified Heart Arrhythmias	I47.1	Supraventricular tachycardia
		I48.2	Chronic atrial fibrillation
103	Hemiplegia/Hemiparesis	I69.351	Hemiplegia/hemiparesis following cerebral infarction affecting R dominant side
108	Vascular Disease	I71.4	Abdominal aortic aneurysm, without rupture
		I73.9	Peripheral vascular disease

# HCC Focus |

## Commonly Missed HCC Diagnoses, *continued*

---

HCC	Diagnosis	ICD-10	Code Code Description
111	Chronic Obstructive Pulmonary Disease	J44.9	Chronic obstructive pulmonary disease
134	Dialysis Status	Z99.2	Dependence on renal dialysis
136	Chronic Kidney Disease, Stage 5	N18.6	End stage renal disease
		N18.5	Chronic kidney disease, stage 5
137	Chronic Kidney Disease, Stage 4	N18.4	Chronic kidney disease, stage 4 (severe)
138	Chronic Kidney Disease, Stage 3	N18.31	Chronic kidney disease, stage 3a (moderate)
		N18.32	Chronic Kidney disease, stage 3b (moderate)

---

# HCC Focus | Z Codes

The following are Z Codes that carry HCC risk score weight that should be captured annually when applicable.

Z Code	Status, Amputee Description	Z Code	Status, Ostomy Description
Z89.41	Great toe	Z93.0	Tracheostomy status
Z89.42	Other toe	Z93.1	Gastrostomy status
Z89.43	Foot	Z93.2	Ileostomy status
Z89.44	Ankle	Z93.4	Other artificial openings of the GI tract status
Z89.51	Leg below knee	Z93.50	Unspecified cystostomy status
Z89.61	Leg above knee	Z93.51	Cutaneous-vesicostomy status
<p><i>**Note: Add 6th character for laterality}            1= right; 2 = left (i.e., Right foot = Z89.431)            Unspecified (Z89.9) carries no HCC weight</i></p>		Z93.52	Appendico-vesicostomy status
		Z93.59	Other cystostomy status
		Z93.6	Other artificial opening of urinary tract status
		Z93.8	Other artificial opening status

Z Code	Status, Transplant Description	Z Code	Renal Dialysis Description
Z94.1	Heart transplant status	Z99.2	Dependence on renal dialysis
Z94.2	Lung transplant status	Z91.15	Noncompliance with renal dialysis
Z94.3	Heart and lungs transplant status		
Z93.4	Liver transplant status		
Z94.81	Bone marrow transplant status		
Z94.82	Intestine transplant status		
Z94.83	Pancreas transplant status		
Z94.84	Stem cells transplant status		









 Vandalia  
**Health**  
Network

