

2022 HCC Coding and Documentation Tips



<p>Always make sure that you are using the current Validated HCC Coding requires documenting: -</p> <p>Diagnosis</p> <ul style="list-style-type: none"> - Status of Condition - Plan of Action <p>For example:</p> <p>"CHF, stable, continue current meds" (document current medication member is taking for condition)</p> <p>"Diabetic CKD III controlled, continue current meds, follow-up appointment and labs"</p>	<p>Once a Year, Document Chronic Active Conditions commonly not documented (reporting the diagnosis code alone is not appropriate documentation, diagnosis must be spelled out clearly in the note).</p> <p>COAST – Do NOT use the words "HISTORY OF" if patient has an active disease currently being treated.</p> <hr/> <p>Chronic Dx: CHF, COPD, DM, Residual effects of Stroke/CVA: I69.</p> <p>Ostomy: Colostomy: Z93.3/ Cystostomy: Z93.50/ Ileostomy: Z93.2/ Gastrostomy: Z93.1</p> <p>Amputations: including toes and lower limbs: Z89.</p> <p>Seizures/Epilepsy: G40.90 / Spinal Disorders: Paraplegia: G82.20 / Quadriplegia: G82.50</p> <p>Transplants: Stem cell, liver, heart, and lung: Z94.</p>
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<p>Diabetes with Manifestations</p> <p>Many codes are now combination codes. It is important to document the relationship between diabetes and the complication.</p>	
<p>E11.2 DMII with Renal Manifestations</p> <p>E11.22 DMII with CKD (add CKD stage)</p> <p>E11.3 DMII with Ophthalmic Complications</p> <p>E11.31 to E11.35 with Retinopathy</p> <p>E11.36 DMII with diabetic cataract</p> <p>E11.4 DMII with Neurological Manifestations</p> <p>E11.40 Diabetic Neuropathy</p> <p>E11.43 Diabetic Autonomic Gastroparesis</p> <p>E11.5 DMII with Circulatory Disorders</p> <p>E11.51 with Peripheral Angiopathy without gangrene</p>	<p>E11.6 DMII with Other Specified Complication</p> <p>E11.61 with Arthropathy</p> <p>E11.62 with Diabetic Ulcer</p> <p>E11.649 with Hypoglycemia</p> <p>E11.65 with Hyperglycemia</p> <p>E11.69 with Other Specified Complication</p> <p><i>- Must document causal relationship with complication</i></p> <p>R73.03 Pre-Diabetes</p> <p>R73.09 Abnormal Glucose</p> <p>Z79.4 Long term use of insulin</p>

<p>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.</p>	
<p>I20.0 Unstable Angina</p> <p>I20.8 Stable Angina</p> <p>I20.9 Angina, unspecified</p> <p>I21.9 MI (acute) NOS, <4 weeks old</p> <p>I25.110 CAD w/ unstable Angina</p> <p>I25.119 CAD w/ unspecified Angina</p> <p>I25.2 Old myocardial infarction, > 4 weeks old</p> <p>I25.709 CAD s/p CABG w/unspecified Angina</p> <p>I27.2 Pulmonary Hypertension</p>	<p>I42.9 Cardiomyopathy</p> <p>I47.1 Supraventricular Tachycardia (PSVT)</p> <p>I48.91 Atrial Fibrillation</p> <p>I48.0 Paroxysmal atrial fibrillation</p> <p>8.2 Chronic Atrial Fibrillation</p> <p>I50.9 CHF</p> <p>I50.22 Chronic Systolic CHF / I50.32 Chronic diastolic CHF</p> <p>I49.5 Sick Sinus Syndrome (Sinoatrial dysfunction)</p> <p>Z79.01 Long Term Anticoagulation</p>

<p>Chronic Kidney Disease - Check GFR and Microalbuminuria at least twice a year.</p>	
<p>N18.1 CKD I GFR > 90 with Microalbumin</p> <p>N18.2 CKD II GFR 60-89 with Microalbumin</p> <p>N18.3- CKD III GFR 30-59</p> <p>N18.30 CKD III Unspecified</p> <p>N18.31 CKD III a GFR 45-59</p> <p>N18.32 CKD III b GFR 30-44</p>	<p>N18.4 CKD IV GFR 15-29</p> <p>N18.5 CKD V GFR <15</p> <p>N18.6 ESRD on Dialysis</p> <p>N25.81 Secondary Hyperparathyroidism, Renal</p> <p>Z91.15 Dialysis-Noncompliance</p> <p>Z99.2 Dialysis Status/presence of AV shunt</p>

<p>Circulatory / Vascular</p>	
<p>I70.0 Aortic Atherosclerosis (as on CXR)</p> <p>I70.209 Atherosclerosis, Extremities (plaque is atherosclerosis)</p> <p>I71.9 Aortic aneurism of unspecified site, without rupture</p> <p>I71.4 Abdominal Aortic Aneurysm – AAA w/o rupture</p> <p>I73.9 Peripheral Vascular Disease (PVD)/PAD</p> <p>I77.1 Tortuous Artery</p>	<p>I77.819 Aortic Ectasia, unspecified site</p> <p>I80.209 Phlebitis and Thrombophlebitis, unspec. Vessel/extremity</p> <p>I82.5 Chronic DVT (on long term anticoagulation)</p> <p>I83.0 Venous Stasis Ulcer</p> <p>I87.31X Venous HTN with ulcer (indicate Ulcer site and severity)</p> <p>L89.9 Pressure Ulcer- Document site location and stg (II, III, IV)</p>

<p>Gastroenterology</p>	
<p>B18.2 Chronic Viral Hepatitis C</p> <p>K50.90 Chron's disease, unspec. w/o complications</p> <p>K51.90 Ulcerative colitis, unspec. w/o complications</p> <p>K56.41 Fecal Impaction</p> <p>K70.9 Alcoholic Liver Disease</p>	<p>K70.30 Alcoholic Cirrhosis</p> <p>K72.90 Hepatic failure, unspec. w/o coma</p> <p>K73.9 Chronic Hepatitis, unspecified</p> <p>K86.0 Chronic pancreatitis, alcoholic</p> <p>K86.1 Chronic pancreatitis NOS</p> <p>I85.00 Esophageal varices w/o bleeding</p>

<p>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.</p>	
<p>E44.0 to E46 Protein Calorie Malnutrition</p>	<p>R64 Cachexia - muscle wasting, poor grip strength, anorexia*</p>
<p>Wt loss of 5% in 3-6 months, Wt loss of 10% in 6 months- Code first underlying condition, if known</p>	

Hematology/ Immunodeficiency status due to underlying conditions

D45 Polycythemia Vera
D47.3 Thrombocythemia
D57.3 Sickle-cell Treat
D61.8 Pancytopenia
D68.4 Acquired coagulation factor deficiency
D69.2 Senile Purpura

D69.6 Thrombocytopenia
D70.9 Neutropenia, unspec.
(Neutropenia Types: Congenital/ Secondary to chemotherapy/
drug-induced/ secondary to infection/ cyclic)
D84.821 Immunodeficiency due to drugs.
D84.822 Immunodeficiency due to external causes.

Morbid Obesity

E66.01 Morbid Obesity, due to excess calories
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

M05.80 Other rheumatoid arthritis with rheumatoid factor, unspec. site
M05.9 Rheumatoid arthritis with rheumatoid factor, unspec.
M06.00 Rheumatoid arthritis w/o rheumatoid factor, unspec.
M06.4 Inflammatory polyarthropathy
M12.08 Chronic postrheumatic arthropathy
M46.1 Sacroiliitis (must document SI joint abnormality on imaging)

M46.- Inflammatory spondylopathies
L40.50 Psoriatic Arthritis
M86.9 Osteomyelitis, unspecified
Z89.42X Amputation status, other toe (R=1; L=2)
Z89.51X Amputation status, BKA (R=1; L=2)
Z89.61X Amputation status, AKA (R=1; L=2)

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

G20 Parkinson's
G35 Multiple Sclerosis
G40.90 Epilepsy/ Seizure disorder
I69. Late Effect of CVA
I69.33 Monoplegia Upper Limb following CVA
I69.34 Monoplegia Lower Limb following CVA
I69.35 Hemiplegia/Hemiparesis following CVA
I69.96 Other Paralytic Syndrome following CVA
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
R56.9 Unspecified convulsions (Seizure (convulsive) NOS/
Recurrent convulsions/ Convulsion d/o)

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"

Most common codes:

D03 Melanoma in Situ
C43 Malignant Melanoma
Z85.820 H/O Malignant Melanoma
C50.919 Breast, unspecified
C64.9 Kidney, unspecified

C18.9 Colon, unspecified
C34.9X Lung or bronchus, unspec. Part (R=1, L=2)
C61 Prostate
C16.9 Stomach, unspecified
C67.9 Bladder, unspecified

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

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

F01.50 Vascular dementia without behavioral disturbance
F01.51 Vascular dementia with behavioral disturbance
F03.9 Dementia, unspec. (Includes: Senile/Presenile/Degenerative
depressed or paranoid type)
F03.90 Dementia without behavioral disturbance (unspecified)
F03.91 Dementia with behavioral disturbance (unspecified)

F03.90 + F05 Dementia with Psychosis (delusions, hallucinations)
G30.9 Alzheimer's
G30.0 Alzheimer's with early onset
G30.1 Alzheimer's with late onset

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

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| J41.0 Simple Chronic Bronchitis (smokers cough) | J84.10 Post inflammatory Pulmonary Fibrosis (interstitial scarring)
Lung Granuloma |
| J42 Chronic bronchitis, unspec | J84.9 Interstitial lung disease |
| J43.9 Emphysema | J96.10 Chronic Respiratory Failure - consider in COPD if Pulse Ox is <88% on room air |
| J44.9 Chronic Obstructive Asthma | Z99.81 Long Term Oxygen Use - be sure to document chronic pulmonary condition |
| J44.9 COPD | |
| J82.81 Chronic eosinophilic pneumonia | |

Urology

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| E72.53 Hyperoxaluria (Calcium oxalate kidney stones) | T83.511 Infection and inflammatory reaction due to indwelling urethral catheter |
| T83.038 Leakage of other urinary catheter | |
| T83.098 Mechanical complication of other urinary catheter | |

Ostomies

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| Z93.0 Tracheostomy status | Z93.3 Colostomy status |
| Z93.1 Gastrostomy status | Z93.50 Cystostomy status |
| Z93.2 Ileostomy status | Z93.8 Other artificial opening status |

Human Immunodeficiency Virus

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| Z21 Asymptomatic human immunodeficiency virus [HIV] infection status is applied when the patient is HIV positive and does not have any documented symptoms of an HIV-related illness. | B20 Human immunodeficiency virus <u>disease</u> [AIDS] “AIDS” or “HIV disease” is used or if the patient is treated for any HIV-related illness or is described as having any condition(s) resulting from his/her HIV positive status; |
| R75 Inconclusive laboratory evidence of human immunodeficiency virus [HIV] | |

Combination Codes : DM, HTN, CKD, CHF

