

# 2022 HCC Coding and Documentation Tips



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

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

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

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

<p><b>Gastroenterology</b></p>	
<p><b>B18.2</b> Chronic Viral Hepatitis C</p> <p><b>K50.90</b> Chron's disease, unspec. w/o complications</p> <p><b>K51.90</b> Ulcerative colitis, unspec. w/o complications</p> <p><b>K56.41</b> Fecal Impaction</p> <p><b>K70.9</b> Alcoholic Liver Disease</p>	<p><b>K70.30</b> Alcoholic Cirrhosis</p> <p><b>K72.90</b> Hepatic failure, unspec. w/o coma</p> <p><b>K73.9</b> Chronic Hepatitis, unspecified</p> <p><b>K86.0</b> Chronic pancreatitis, alcoholic</p> <p><b>K86.1</b> Chronic pancreatitis NOS</p> <p><b>I85.00</b> Esophageal varices w/o bleeding</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 to E46</b> Protein Calorie Malnutrition</p>	<p><b>R64</b> 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.

- J41.0** Simple Chronic Bronchitis (smokers cough)
- J42** Chronic bronchitis, unsp
- 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
- J84.9** Interstitial lung disease
- 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

**Ostomies**

- Z93.0** Tracheostomy status
- Z93.1** Gastrostomy status
- Z93.2** Ileostomy status

- Z93.3** Colostomy status
- Z93.50** Cystostomy status
- Z93.8** Other artificial opening status

**Human Immunodeficiency Virus**

**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.

**R75** Inconclusive laboratory evidence of human immunodeficiency virus [HIV]

**B20** Human immunodeficiency virus disease [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;

**Combination Codes : DM, HTN, CKD, CHF**

