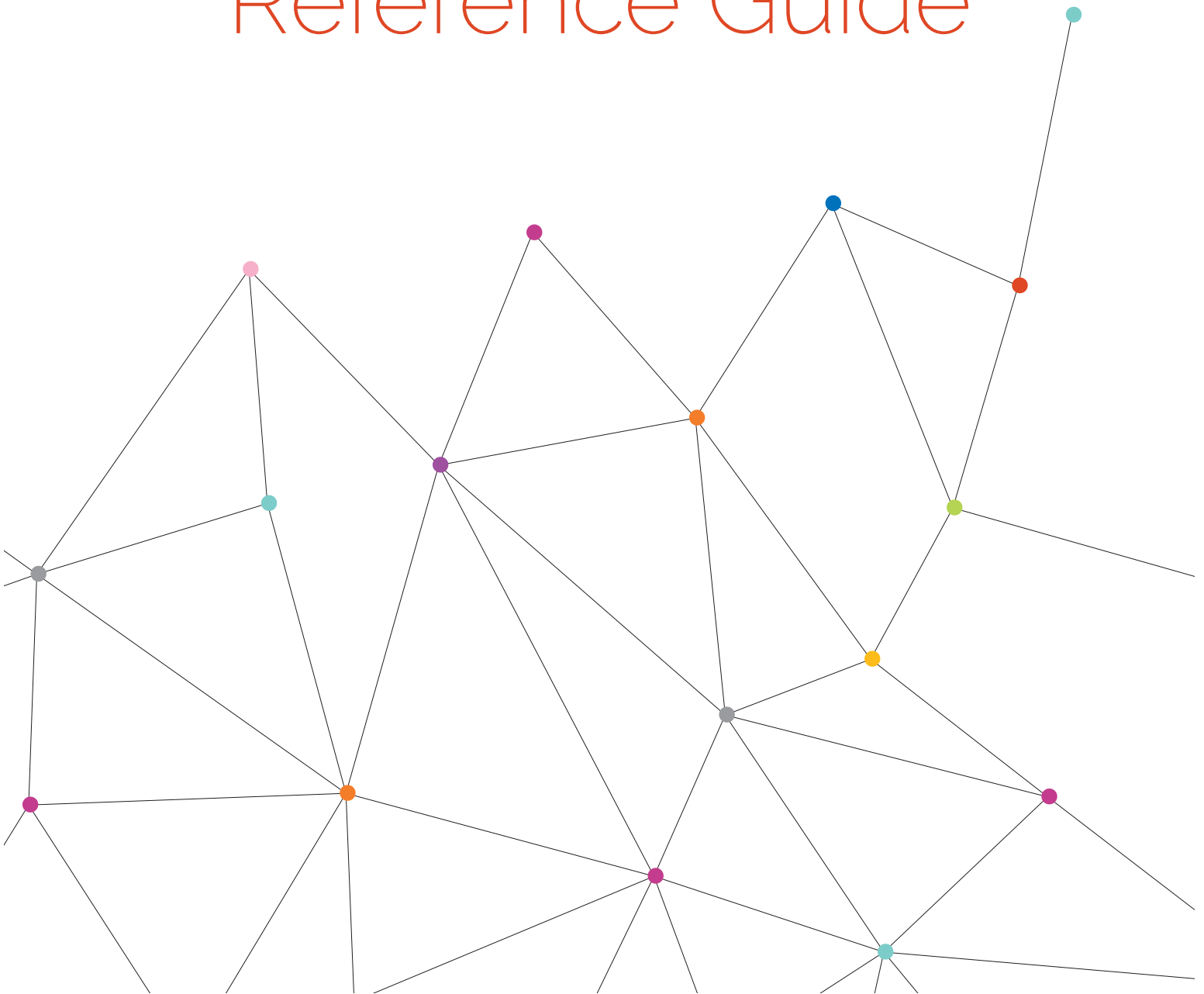




HCC Quick Reference Guide



Hierarchical Condition Categories (HCC) Overview

What are hierarchical condition categories (HCC)?

HCC is a sorting mechanism for chronic conditions that assigns a payment value on care of a patient with that condition.

Hierarchical Category Coding is Medicare's calculated risk score for a patient.

- Risk scoring is an actuarial tool to predict health care costs.
- HCC uses data to calculate a score for each patient that is used to prospectively estimate predicted costs for a Medicare beneficiary during the next year of coverage.
- Takes into account age, gender, and previous year's diagnoses (must re-code every year)

HCC is the ONLY tool Medicare has to understand the acuity of your patient panel.

Scores from a patient's risk categories are additive; the higher the risk score, the more CMS expects the patient to cost and the higher opportunity to capture shared savings.

How to capture and communicate your patient's risks:

Use Annual Wellness Visit to update problem list AND submit relevant codes to CMS.

For an individual patient, the risk score is calculated when a patient is newly attributed to the ACO/CIN.

An ACO/CIN's risk score is an average of individual patients' HCC scores.

Though an individual's risk can change the ACO/

CIN's risk score can only decrease during the contract period. It cannot increase above the ceiling set during the benchmark year.

The only exception is an influx of new, sicker than average patients into the ACO/CIN who had never been seen before by the contracted providers.

HCC is used to help prioritize resources and patients for intervention.

The rendering provider must show documentation that the patient's conditions were:

- Monitored
- Evaluated
- Assessed
- Treated

No change from usual practice!

Providers should rely on their clinical judgment to determine which codes to include.

Diagnoses codes must be accurate and complete.

Only bill for those diagnoses that are documented in the medical record.

Stages of Chronic Kidney Disease (CKD) & Common Complications



ICD-10 ensures that CKD is coded as specifically as possible, which helps prioritize resources for sick patients and communicate risk accurately to CMS. This guide lists the most common codes for complications. If a patient has more than one diabetic complication, code all applicable complications. For each hierarchy, only the ICD-10 with the highest weight is counted by Medicare.

Providers should rely on their medical judgment to decide whether diagnoses are applicable and relevant. Remember, if a patient does not have a condition, do not code the condition. Always ensure appropriate medical evaluation and documentation of the diagnosis to justify including the code. Wellness visits are an excellent opportunity to review and code all applicable diagnoses.

Stage	GFR (mL/min/1.73m ²)	ICD-10	HCC	Weight
1	>90		—	0
2	60–89		—	0
3A	45–59		—	0
3B	30–45		—	0
4	15–30	N18.4	137	0.224
5 (ESRD)	<15	N18.5, N18.6	136	0.224
5 (ESRD)	(+) Dialysis Status	Z99.2	134	0.476

If **Acute Renal Failure** (GFR <90 while previously normal):
Code ICD-10 N179 Acute Kidney Failure, unspecified (**HCC 135; weight 0.476**)

CKD Complication	ICD-10	HCC	Weight
Patient’s noncompliance w/ renal dialysis	Z91.15	134	0.476
DM2 with diabetic nephropathy (if proteinuria is present, microalbumin/creatinine ratio > 30 µg/mg)	E11.21	18	0.368
DM2 with diabetic CKD if eGFR <90 (mL/min/1.73m ²)	E11.22	18	0.368

Diabetes Specificity

ICD-10 ensures that diabetes is coded as specifically as possible, which helps prioritize resources for sick patients and communicate risk accurately to CMS. Diabetes without complications (E11.9) received a risk weight of 0.118 in the HCC model, versus the 0.368 weight assigned to any type of diabetes with complication. All complications listed on this sheet receive a risk weight of 0.368. If a patient has more than one diabetic complication, code all applicable complications for completeness, but note that only one complication is needed to reach the risk weight

of 0.368 for diabetes with complication. Regardless of how many complications a patient has, the max risk weight for complicated diabetes is 0.368.

Providers should rely on their medical judgment to decide whether diagnoses are applicable and relevant. Always ensure appropriate medical evaluation and documentation of the diagnosis to justify including the code. Wellness visits are an excellent opportunity to review and code all applicable diagnoses.

ICD-10	Type 2 Diabetes Complication	Also code when applicable
E11.21	DM2 with diabetic nephropathy (microalbumin/creatinine ratio > µg/mg)	
E11.22	DM2 with diabetic chronic kidney disease (code if chronic abnormal GFR (<90) secondary to DM)	CKD 4/5 (ICD-10: N18.4/ N18.5, Weight: 0.224)
E11.40	DM2 with diabetic neuropathy, unspecified	
E11.42	DM2 with diabetic polyneuropathy/diabetic peripheral neuropathy	
E11.43	DM2 with diabetic gastroparesis	
E11.51	DM2 with peripheral angiopathy/PVD w/o gangrene	PVD (ICD-10: 173.[_], Weight: 0.229)
E11.52	DM2 with peripheral angiopathy/PVD with gangrene	PVD (ICD-10: 173.[_], Weight: 0.229)
E11.59	DM2 with other circulatory complication	
E11.620	DM2 with diabetic dermatitis	
E11.621	DM2 with foot ulcer	Code site, side, and severity (ICD-10: L97.xxx, Weight: 0.536)
E11.622	DM2 with other skin ulcer	Non-pressure chronic ulcer of skin of other sites (ICD-10: L98.49[_], Weight: 0.536)

ICD-10	Type 2 Diabetes Complication	Also code when applicable
E11.630	DM2 with periodontal disease	
E11.649	DM2 with hypoglycemia w/o coma	
E11.65	DM2 with hyperglycemia, uncontrolled	
E11.69	DM2 with other specified complication : Some common complications include dyslipidemia (E78.5), erectile dysfunction (N52.9) and osteomyelitis (M86.9)	In the event a patient has DM2 with other specified complication, you must code E11.69 AND the code for the complication, even if it does not hold risk weight on its own.
E11.610	DM2 with diabetic neuropathic arthropathy (Charcot's)	
E11.36	DM2 with diabetic cataract	
E11.311	DM2 with unspecified diabetic retinopathy with macular edema	
E11.319	DM2 with unspecified diabetic retinopathy without macular edema	
E11.321	DM2 with mild non-proliferative diabetic retinopathy with macular edema	
E11.331	DM2 with moderate non-proliferative diabetic retinopathy with macular edema	
E11.341	DM2 with severe non-proliferative diabetic retinopathy with macular edema	
E11.329	DM2 with mild non-proliferative diabetic retinopathy without macular edema	
E11.339	DM2 with moderate non-proliferative diabetic retinopathy without macular edema	
E11.439	DM2 with severe non-proliferative diabetic retinopathy without macular edema	
E11.351	DM2 with proliferative retinopathy with macular edema	
E11.31x	DM2 with background diabetic retinopathy	
E11.35x	DM2 with proliferative diabetic retinopathy	

Frequently Missed Codes

The table below contains examples of frequently missed or inaccurate codes. The codes in the left column do not map to any HCC categories and do not carry a risk weight. The codes in the right column carry a risk weight and map to an HCC category.

Remember, if a patient does not have a condition, do not code the condition. This is meant to assist you

in coding accurately. Providers should rely on their medical judgment to decide whether diagnoses are applicable and relevant. Always ensure appropriate medical evaluation and documentation of the diagnosis to justify including the code. Wellness visits are an excellent opportunity to review and code all applicable diagnoses.

Instead of...	ICD-10	Consider	ICD-10
Obesity, unspecified	E66.9	Morbid (severe) obesity due to excess calories*	E66.01
Alcohol abuse	F10.10	Alcohol dependence, uncomplicated	F10.20
Opioid use, unspecified, uncomplicated	F11.90	Opioid dependence, uncomplicated	F11.20
Cannabis use, unspecified, uncomplicated	F12.90	Cannabis dependence, uncomplicated	F12.20
Sedative, hypnotic or anxiolytic abuse, uncomplicated	F13.10	Sedative, hypnotic or anxiolytic dependence, uncomplicated	F13.20
Cocaine use, unspecified	F14.9	Cocaine dependence, uncomplicated	F14.20
MDD, single episode, unspecified/ depressive disorder	F32.9	MDD single episode, [severity]	F32.[.]
Other depressive episodes	F32.8	MDD, recurrent episode, unspecified	F33.9
History of depression	Z86.59	MDD, recurrent, in remission, unspecified	F33.9
Unspecified macular degeneration	H35.30	Exudative age-related macular degeneration, unspecified eye, stage unspecified	H35.3290
Cardiac arrhythmia, unspecified	I49.9	Atrial fibrillation	I48.91
		Paroxysmal tachycardia, unspecified	I47.9
		Supraventricular tachycardia	I47.1

Instead of...	ICD-10	Consider	ICD-10
Generalized atherosclerosis	I70.91	Atherosclerosis of the extremities/aorta	I70.209/ I70.0
		PVD, unspecified	I73.9
Pneumonia, unspecified organism**	J18.9	Pneumonia due to Strep pneumo	J13
		Pneumonia due to H influenza	J14
		Pneumonia due to (other named bug)	J15
		Lobar pneumonia, unspecified organism	J18.1
Other local lupus erythematosus/Lupus	L93.2	Systemic lupus erythematosus	M32.9
Arthritis/Arthropathy	M12.9	Rheumatoid arthritis, unspecified	M06.9
		Reactive arthropathy, unspecified	M02.9
		Inflammatory polyarthropathy	M06.4
Unspecified kidney disorder	N28.9	Acute kidney failure, unspecified	N17.9
Unspecified kidney failure	N19	Chronic kidney disease, stage 4	N18.4
		Chronic kidney disease, stage 5	N18.5
Chest pain	R07.9	Angina pectoris	I20.9
Bradycardia	R00.1	Sick sinus syndrome	I49.5

*BMI >40 or BMI >35 plus a co-morbid condition e.g. Heart disease, diabetes, or sleep apnea

**Consider more specific diagnosis at the TCM visit

Most commonly used ICD-10 codes that link to HCC Risk Weights



Note: Hierarchies of related conditions are grouped together below in the same color. For these disease hierarchies, only the ICD-10 with the highest weight is counted by Medicare; a patient does not get credit for multiple diseases or diagnoses within the same hierarchy, even if they are distinct. The conditions in the miscellaneous section at the bottom, are distinct and do not have any hierarchical relationships.

Providers should rely on their medical judgment to decide whether diagnoses are applicable and relevant. Always ensure appropriate medical evaluation and documentation of the diagnosis to justify including the code. Wellness visits are an excellent opportunity to review and code all applicable diagnoses.

ICD-10 Code	ICD-10 Description	HCC Weight
Diabetes		
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	0.368
E11.21	Type 2 diabetes mellitus with nephropathy	0.368
E11.22	Type 2 diabetes mellitus with chronic kidney disease	0.368
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication	0.368
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	0.368
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication	0.368
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication	0.368
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	0.368
E11.59	Type 2 diabetes mellitus with other circulatory complications	0.368
E11.65	Type 2 diabetes mellitus with hyperglycemia	0.368
E11.649	Type 2 diabetes mellitus with hypoglycemia w/o coma	0.368
E11.620	Type 2 diabetes mellitus with diabetic dermatitis	0.368

ICD-10 Code	ICD-10 Description	HCC Weight
Diabetes		
E11.621	Type 2 diabetes mellitus with foot ulcer	0.368
E11.622	Type 2 diabetes mellitus with other skin ulcer	0.368
E11.630	Type 2 diabetes mellitus with periodontal disease	0.368
E11.69	Type 2 diabetes mellitus with other specified complication (dyslipidemia, ED, osteo)	0.368
E11.9	Type 2 diabetes mellitus without complications	0.118
Z79.4	Long term (current) use of insulin	0.118

Morbid Obesity		
E66.01	Morbid (severe) obesity due to excess calories. Defined as Body mass index (BMI) >40 or BMI >35 plus a co-morbid condition eg. heart disease, diabetes, or sleep apnea	0.365
Z68.41	BMI 40.0-44.9, adult	0.365
Z68.4[_]	BMI >45, adult	0.365

COPD		
J42	Unspecified chronic bronchitis	0.346
J43.9	Emphysema, unspecified	0.346
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation	0.346
J44.9	Chronic obstructive pulmonary disease, unspecified	0.346
J60	Coal worker's pneumoconiosis	0.274
J96.10	Chronic respiratory failure, unspecified with hypoxia or hypercapnia	0.329

Congestive Heart Failure		
I27.89	Other specified pulmonary heart diseases	0.368
I42.9	Cardiomyopathy, unspecified	0.368
I50.20	Unspecified systolic (congestive) heart failure	0.368
I20.9	Angina pectoris, unspecified	0.141

ICD-10 Code	ICD-10 Description	HCC Weight
Specified Heart Arrhythmias		
I48.91	Unspecified atrial fibrillation	0.295
I49.5	Sick sinus syndrome	0.295

Vascular Disease		
I70.0	Atherosclerosis of aorta	0.299
I70.1	Atherosclerosis of renal artery	0.299
I73.9	Peripheral vascular disease, unspecified	0.299

Major Depressive, Bipolar, and Paranoid Disorders		
F32.0	Major depressive disorder, single episode, mild	0.330
F32.4	Major depressive disorder, single episode in partial remission	0.330
F32.5	Major depressive disorder, single episode in full remission	0.330
F33.0	Major depressive disorder, recurrent, mild	0.330
F33.9	Major depressive disorder, recurrent, unspecified	0.330
F33.41	Major depressive disorder, recurrent in partial remission	0.330
F33.42	Major depressive disorder, recurrent in full remission	0.330
F31.0	Bipolar disorder, current episode hypomanic	0.330
F31.70	Bipolar disorder, currently in remission, most recent episode unspecified	0.330
F20.0	Paranoid schizophrenia	0.503

Chronic Kidney Disease		
N18.4	Chronic kidney disease, stage 4 (severe)	0.224
N18.5	Chronic kidney disease, stage 5	0.224
N18.6	End stage renal disease	0.224
Z99.2	Dependence on renal dialysis	0.476

ICD-10 Code	ICD-10 Description	HCC Weight
Miscellaneous		
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified	0.317
G81.xx	Hemiplegia	0.581
L97.509	Non-pressure chronic ulcer of other part of unspecified foot with unspecified severity	0.535
E46	Unspecified protein-calorie malnutrition	0.713
G20	Parkinson's disease	0.691
H35.32	Exudative age related macular degeneration	0.335
M05.40	Rheumatoid myopathy with rheumatoid arthritis of unspecified site	0.374
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung	0.973
C50.919	Malignant neoplasm of unspecified site of unspecified female breast	0.154
C61	Malignant neoplasm of prostate	0.154
R64	Cachexia	0.713
D69.6	Thrombocytopenia, unspecified	0.252
D70.9	Neutropenia, unspecified	0.521



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