Top 10 Chronic HCCs (Hierarchical Condition Categories)

**ANGINA PECTORIS**
- If patient has CAD, does the patient also have Angina?
- Does the patient take Nitroglycerin?
- Evaluate and document all cardiac conditions and any treatment patient is receiving, e.g. Nitro.

**CONGESTIVE HEART FAILURE**
Document type and acuity of the CHF along with ongoing treatment.
Common CHF diagnosis codes seen:
- CHF – I50.9
- Systolic CHF – I50.20
- Diastolic CHF – I50.30

**COPD**
If the following conditions are documented use only code J44.9:
- Chronic Obstructive Pulmonary Disease
- Asthma with chronic obstructive pulmonary disease
- Chronic asthmatic (obstructive) bronchitis
- Chronic bronchitis with airways obstruction
- Chronic bronchitis with emphysema
- Chronic emphysematous bronchitis
- Chronic obstructive asthma
- Chronic obstructive bronchitis
- Chronic obstructive tracheobronchitis

For Emphysema code J43.9

**DIABETES WITHOUT COMPLICATION**
DM code E11.9 without mention of complications, is appropriate at times, however if complications exist, code to the specific complication and manifestations.

When documenting diabetes, it’s important to note the following:
- Type of diabetes, type 1 or 2 or secondary
- ICD10 does not recognize type 2
- If secondary DM, document what the cause is or primary condition along with secondary diabetes
- Indicate if patient is on long-term use of insulin (Z79.4)

**Diabetes with Renal Manifestations**
- Examples of clear documentations:
  - "CKD stage 4 due to DM 2"
  - "Type 1 Diabetic CKD stage 5, on long term dialysis 2×wk with Dr. Smith, no problem at this time"

**Diabetes with Ophthalmic Manifestation**
- Diabetic patients should have diabetic eye exams annually. Examples of clear documentation:
  - Blindness due to DM 1
  - Type 1 diabetic proliferative retinopathy

**Diabetes with Neurological Manifestations**
Examples of clear documentations:
- Polyneuropathy and gastroparesis due to DM2
- Type 1 diabetic peripheral autonomic neuropathy
- Type 2 diabetic peripheral neuropathy

**Diabetes with Peripheral Circulatory Disorders**
Examples of clear documentation:
- PAD lower extremities due to DM2
- Gangrene in great toe due to Diabetic PVD

**ISCHEMIC OR UNSPECIFIED STROKE**
Acute CVA – Rarely treated in an office setting. Most cases are treated in ER or inpatient setting and followed up with PCP.

Documentation that states “history of” CVA for follow up treatment is clearer, as it is no longer an acute event.

**CVA Late Effects** – Document any late effect due to CVA.
- “Hemiparesis” should not be documented as “R/L” sided weakness. Dominant or non-dominant sides are the important qualifiers to note. Example: Hemiparesis, dominant side due to CVA in 2006, stable with no improvement

**ISCHHEMIC ARYTHMIAS**
Specify the type of arrhythmia, if known:
- Paroxysmal tachycardia NOS – I47.9
- Atrial fibrillation – I48.91
- Atrial flutter – I48.92
- Atrophicventricular block complete – I44.2
- Paroxysmal ventricular tachycardia – I47.2
- Sinoatrial node dysfunction – I49.5

**MYASTHENIA GRAVIS (MG) / MYONEURAL DISORDERS AND GUILLAIN-BARRE SYNDROME / INFLAMMATORY AND TOXIC NEUROPATHY**
Diagnosis codes that fall under this HCC include:
- Acute infect polynuertis – G61.0
- Neuropathy in other dis – G62.89
- Alcoholic polyneuropathy – G62.1
- Neuropathy due to drugs – G62.0
- Neuropathy toxic agent NEC – G62.2
- Chronic inflammatory polynuertis – G61.81
- Critical illness neuropathy – G62.81
- MG w/o ac exacerbation – G70.00
- MG w ac exacerbation – G70.01
- Myasthenia in other disorders – G70.89
- Toxic myoneural disorder – G70.1
- Lambert-Eaton syndrome NOS – G70.80
- Lambert-Eaton syndrome neoplasm – G73.1
- Lambert-Eaton syndrome other disorders – G70.89
- Myoneural disorders NEC – G70.89
- Myoneural disorders NOS – G70.9

Questions? Email us at MedicareRiskAdj@hmsa.com