

Diagnosis + Status or Plan

Submit each HCC diagnosis ONCE per calendar year in an Annual Wellness Visit or Progress Note from a Face-to-Face Visit.

CARDIOLOGY:

- ANGINA I20.9
- CARDIOMYOPATHY I42.9
- CHF: DIASTOLIC I50.30, SYSTOLIC I50.20
- HYPERTENSIVE HEART Dz w/ HEART FAILURE I11.0
- PULMONARY HYPERTENSION I27.0

Brady/tachycardia have no “burden of disease”

- A specific arrhythmia: ATRIAL FIBRILLATION I48.91 FLUTTER I48.92 PSVT I47.2, SICK SINUS SYNDROME (SA Node Dysfunction) I49.5, A-V HEART BLOCK I44.2

HYPERTENSIVE CHRONIC KIDNEY DISEASE V I12.0

CHRONIC KIDNEY DISEASE:

Patients on dialysis require 2 codes

- ESRD N18.6
- AND
- RENAL/ PERITONEAL DIALYSIS STATUS Z99.2/ Z49.01
- or
- DIALYSIS NON-COMPLIANCE Z91.15

1st show structural or functional pathology

- CKD I (N18.1) GFR >90
- CKD II (N18.2) GFR = 60-89
- CKD III (N18.3) GFR = 30-59 N18.31/32- stage 3a/3b
- CKD IV (N18.4) GFR = 15-29
- CKD V (N18.5) GFR < 15

Type 2 Diabetes Complications:

- **LONG TERM USE OF INSULIN Z79.4**
- **Kidney Complications: E11.2x**
 - └ Diabetic NEPHROPATHY E11.21
 - └ Diabetic CKD (I-V) E11.22
 - └ Diabetes w/other Kidney Complications E11.29
- **Ophthalmic Complications : E11.3x**
 - └ Diabetic CATARACT E11.36
 - └ Diabetic RETINOPATHY(Non- vs Proliferative vs Unspecified) w/ or w/o MACULAR EDEMA
 - └ Diabetes w/ other Ophthalmic Complications E11.39
- **Neurological Complications : E11.4x**
 - └ Diabetic NEUROPATHY (Poly-, Mono-, autonomic or other)
- **Circulatory Complications : E11.5x**
 - └ Diabetic Peripheral Angiopathy w/ or w/o GANGRENE E11.51/E11.52
 - └ Diabetes w/other circulatory complications E11.59
- **Other Specified Complications : E11.6x**
 - └ Diabetic ARTHROPATHY (diabetic or other)
 - └ Diabetic SKIN Complications (dermatitis or other)
 - └ Diabetic Ulcer (foot or other)
 - └ Diabetic ORAL Complications (Periodontal or other)
 - └ Diabetes w/ HYPOglycemia w/o coma E11.649
 - └ Diabetes w/ HYPERglycemia E11.65
 - └ Diabetic _____ (HTN, Hyperlipidemia, ED, CAD, Onychomycosis etc.) E11.69

GASTROENTEROLOGY:

- CHRONIC HEPATITIS K73.9
- CHRONIC VIRAL HEPATITIS B18.9
- CIRRHOSIS K74.60
- PORTAL HYPERTENSION K76.6
- CHRONIC PANCREATITIS K86.1
- ALCOHOLIC LIVER DISEASE K70.9
- FECAL IMPACTION K56.41
- HEPATIC ENCEPHALOPATHY K72.91
- CELIAC DISEASE K90.0
- CROHN'S DISEASE K50.90
- ULCERATIVE COLITIS K51.90

HEMATOLOGY: A decrease in any blood cell line most likely has “burden of disease”

- PANCYTOPENIA D61.818
- POLYCYTHEMIA VERA D45
- PURPURA D69.2
- THROMBOCYTOPENIA D69.4x

MALNUTRITION: Consider in patients with Cancer, CHF, COPD, Depression, ESLD or in active decline

- PROTEIN CALORIE MALNUTRITION E46:
 - 5% weight loss in 3 months OR
 - 10% weight loss in 6 months
- CACHEXIA R64: temporal wasting, tissue wasting
- MILD MALNUTRITION E44.1: BMI 16-17.9, Albumin <3.5
- MODERATE MALNUTRITION E44.0: BMI <16, Albumin <2.5

The absence of signs or symptoms of disease does not always mean the absence of the disease. It is an indication of good medical management. Please take the credit for doing a good job.

MORBID OBESITY E66.01: BMI 40

- MORBID OBESITY w/ ALVEOLAR HYPOVENTILATION E66.2 (Pickwickian Syndrome) Can occur separately from sleep apnea.

- BMI = 6th Vital Sign
- BMI 40.0 - 44.9 (Z68.41)
- BMI 45.0 - 49.9 (Z68.42)
- BMI 50.0 - 59.9 (Z68.43)
- BMI 60.0 - 69.9 (Z68.44)
- BMI 70.0 & over (Z68.45)

NEUROLOGY:

- LATE EFFECTS of STROKE: MONOPLÉGIA HEMIPLEGIA, PARAPLEGIA, QUADRAPLEGIA I69.959
- POLYNEUROPATHY IN OTHER Dz due to EtOH, SLE, Cancer/chemo etc. (other than DM and PVD)

- PARKINSON'S DISEASE G20
- SEIZURE DISORDER G40.909
- FUNCTIONAL QUADRIPLEGIA R52.2

ONCOLOGY:

- Code for all PRIMARY cancers that are being actively treated with chemo or adjuvant therapy (Tamoxifen/Arimidex for Breast CA & Casodex or Lupron for Prostate CA.)

- Include ALL metastases
- Include all Chemo/Rad therapy complications as "burdens of disease"

PSYCH:

- MAJOR DEPRESSION: SINGLE EPISODE F32.x
:RECURRENT/ LIFETIME F33.x
- SUBSTANCE USE DISORDER F11.x - F19.x

Document 2-3(Mild) 4-5(Moderate) 6+(Severe) criteria met over 12 mos

1) Often taken in larger amounts or longer use than intended 2) Persistent desire/ unsuccessful efforts to cut down 3) Great deal of time in obtaining, using, or recovering from drug 4) Craving or strong desire to use 5) Use leads to failure to fulfill major obligations at work/school/home 6) Important social, work or recreational activities reduced/given-up due to use 7) Tolerance* 8) Withdrawal*

*Tolerance and Withdrawal criteria are not met if taking opioids solely under appropriate medical supervision

- ALCOHOL DEPENDENCE F10.20
- SCHIZOPHRENIA F20.9
- BIPOLAR DISORDER F31.9
- DRUG-INDUCED SLEEP DISORDER F19.982
- DRUG MENTAL DISORDER NOS F15.920

PULMONARY:

- ASBESTOSIS J61
- BACTERIAL PNEUMONIA: note empirically treated pathogen
- CHRONIC OBSTRUCTIVE ASTHMA J44.9
- CHRONIC BRONCHITIS J42

- SMOKER'S COUGH J41.0
- COPD J44.9/ EMPHYSEMA J43.9
- CHRONIC RESPIRATORY FAILURE J96.10 (O₂ Sat < 88%)
- PULMONARY FIBROSIS J84.10

RHEUMATOLOGY:

- ANKYLOSING SPONDYLITIS M45.9
- POLYMYALGIA RHEUMATICA M35.3
- RHEUMATOID ARTHRITIS M06.9

- SACROILIITIS M46.1
- SARCOIDOSIS D86.9
- SICCA SYNDROME M35.00
- SYSTEMIC LUPUS ERYTHEMATOSIS M32.10

VASCULAR:

- Peripheral Vascular Disease (PVD) I73.9
- AAA I71.4 (>3.0 cm)
- ARTERITIS NOS I77.6
- AORTIC ECTASIA (tortuosity) I77.819
- AORTIC ATHEROSCLEROSIS I70.0 (Check Old Chest/Abdominal X-Rays)

- ATHEROSCLEROSIS of the EXTREMITIES I70.209 (Any plaques on imaging studies?)
- CHRONIC DVT/EMBOLISM LOWER EXTREMITY I82.509
- PHLEBITIS - LEG I80.209
- RENAL ARTERY ATHEROSCLEROSIS I70.1

OTHER HCCs THAT ARE OVERLOOKED:

- AMPUTATIONS Z89.xx: Make sure to look for missing toes and limbs.
- OSTOMIES Z93.X: Don't just automatically refill the ostomy bags and supplies over the phone.
- TRANSPLANTS Z94.9: Code for it even though they are managed by the transplant team.
- PRESSURE ULCER L89.90, STASIS ULCER I83.009, NON-PRESSURE ULCER L98.499
- PATHOLOGIC VERTEBRAL FRACTURE M48.57XA (don't overlook your kyphotic patients)
- PSORIASIS L40.9 Other Psoriasis L40.8

et al: CUSHING'S SYNDROME E24.9, HYPERPARATHYROIDISM- E21.3 / HYPOPARATHYROIDISM E20.9
EXUDATIVE MACULAR DEGENERATION H35.32

HCCs with "burden of disease" are commonly overlooked and should be reviewed to determine appropriate documentation