<table>
<thead>
<tr>
<th>Disease</th>
<th>ICD-10-CM Codes</th>
<th>Clinical Documentation Integrity/Improvement Concerns</th>
<th>Hierarchical Condition Category Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cardiovascular Disease</strong></td>
<td>I00 – I52</td>
<td>• HTN, HTN urgency vs. emergency&lt;br&gt;• Associated conditions with CAD&lt;br&gt;  o Unstable angina&lt;br&gt;  o Coronary artery spasm&lt;br&gt;• Vessels for CAD&lt;br&gt;• Cardiac dysrhythmia&lt;br&gt;  o Atrial vs. ventricular&lt;br&gt;  o Type (paroxysmal, chronic, persistent, atypical, typical)&lt;br&gt;• Heart Failure&lt;br&gt;  o Acuity (Acute, chronic, acute on chronic)&lt;br&gt;  o Type (Systolic, diastolic, combined)&lt;br&gt;• Myocarditis&lt;br&gt;  o Specificity (rupture, degeneration, unspecified)</td>
<td>• Hypertensive cardiovascular disease&lt;br&gt;• Hypertensive cardio-renal disease&lt;br&gt;• Secondary hypertension&lt;br&gt;• Hypertensive urgency, emergency&lt;br&gt;• CAD w/various forms of angina to native and grafted vessels&lt;br&gt;• Heart arrhythmias&lt;br&gt;• Heart failure</td>
</tr>
<tr>
<td><strong>Smoking-related health issues</strong></td>
<td>F17&lt;br&gt;Z72.0&lt;br&gt;Z77.22</td>
<td>• Type of tobacco&lt;br&gt;• Clear facility guideline for the use of Z72.0</td>
<td>No HCC, but there is an opportunity for predicting chronic disease</td>
</tr>
<tr>
<td><strong>Alcohol-related health issues</strong></td>
<td>F10</td>
<td>• Specificity (Use, Abuse, Dependence)&lt;br&gt;NOTE: It is important that the providers understand that the codes and meanings are different for the types of alcohol use.&lt;br&gt;• Manifestations (Intoxication, delirium, alcohol-related mood disorder, alcohol-induced psychosis, alcohol-induced anxiety, alcohol-related sexual dysfunction, alcohol induced sleep disorder, other alcohol-induced disorder, withdrawal, perceptual disturbance, hallucinations, alcohol-induced persisting</td>
<td>Specificity is the key for qualification as an HCC.</td>
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<td>Amnestic disorder, alcohol-induced persisting dementia)</td>
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| Diabetes                 | E08-E13         | • Differentiate by type (1, 2, drug-induced, underlying condition, other secondary diabetes)  
• Manifestation (autonomic (poly)neuropathy, CKD, foot ulcer, gastroparesis, nephropathy, retinopathy including type and acuity, uncontrolled, hyper/hypoglycemia, ketoacidosis, circulatory complications, gangrene) | All are HCCs. It is important that this condition is reported at least once per calendar year to be included in the risk adjustment factor for the year.                                                                                                                                                                         |
| Alzheimer’s Disease      | G30.- with F02.80 or F02.81 | • Type (early onset, late onset, or other)  
• Behavior disturbance (present or absent)                                                                                                                                                                                                                                                                                                                                 | HCC opportunity is in the behavior disturbance code as Alzheimer’s Disease on its own is not an MS-HCC, but it is an Rx-HCC.                                                                                                                                      |
| Cancer                   | C00 – D49       | • Behavior  
• Neoplasm type (morphology)  
• Primary or secondary  
• Anatomic location including laterality when appropriate  
• Manifestations                                                                                                                                                                                                                                                                                                               | Most skin cancers are excluded from the HCC methodology. Carcinoma in-situ of the cervix is excluded with benign neoplasms, and neoplasms of uncertain behavior.                                                                                                                                                                     |
| Obesity                  | E66.01 – E66.9 Z68.- | • Specificity  
• Other healthcare professionals can document the body mass index (BMI). Have facility guidelines regarding the “source of truth” for which documentation is utilized for coding purposes.                                                                                                                                                                                      | • Morbid obesity due to excessive calories and morbid obesity with alveolar hypoventilation are the only CCs for obesity or overweight.  
• There is an additional opportunity for BMI of 40 or over.                                                                                                                                                                                                     |
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| Arthritis | M00 – M02, M05-M06, M08 – M13, M15, M19 | • Type  
• Anatomical site(s)  
• Laterality, when appropriate  
• Bacteria involved, when appropriate  
• Associated with other conditions | • Bacterial arthritis, rheumatoid arthritis, Felty’s syndrome, and juvenile arthritis are HCCs  
• Osteoarthritis or polyarthritis are excluded from HCCs. |
| Asthma | J45  
J44.9 (asthma w/COPD) | • Type (intermittent vs. persistent)  
• Severity (mild, moderate, severe) | • Asthma will not drive the HCC assignment. The HCC will be the underlying chronic condition associated with asthma.  
• COPD w/asthma is coded as J44.9 plus a code from category J45 with the COPD code as the HCC. |
| Stroke | I60 – I63  
I97.810 – I97.821 | • Type of stroke (embolic, thrombotic, stenosis, hemorrhagic)  
• Involved vessels  
• Laterality, when appropriate  
• Dominance (right handed, left handed)  
• Intra-operative vs. Post-operative, when appropriate  
• Sequela (residuals) of stroke | • Sequela of stroke  
• Acute stroke and residuals of previous stroke both qualify for HCCs |