

Disease	ICD-10-CM Codes	Clinical Documentation Integrity/Improvement Concerns	Hierarchical Condition Category Issues
<b>Cardiovascular Disease</b>	I00 – I52	<ul style="list-style-type: none"> <li>• HTN, HTN urgency vs. emergency</li> <li>• Associated conditions with CAD <ul style="list-style-type: none"> <li>○ Unstable angina</li> <li>○ Coronary artery spasm</li> </ul> </li> <li>• Vessels for CAD</li> <li>• Cardiac dysrhythmia <ul style="list-style-type: none"> <li>○ Atrial vs. ventricular</li> <li>○ Type (paroxysmal, chronic, persistent, atypical, typical)</li> </ul> </li> <li>• Heart Failure <ul style="list-style-type: none"> <li>○ Acuity (Acute, chronic, acute on chronic)</li> <li>○ Type (Systolic, diastolic, combined)</li> </ul> </li> <li>• Myocarditis <ul style="list-style-type: none"> <li>○ Specificity (rupture, degeneration, unspecified)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Hypertensive cardiovascular disease</li> <li>• Hypertensive cardiorenal disease</li> <li>• Secondary hypertension</li> <li>• Hypertensive urgency, emergency</li> <li>• CAD w/various forms of angina to native and grafted vessels</li> <li>• Heart arrhythmias</li> <li>• Heart failure</li> </ul>
<b>Smoking-related health issues</b>	F17 Z72.0 Z77.22	<ul style="list-style-type: none"> <li>• Type of tobacco</li> <li>• Clear facility guideline for the use of Z72.0</li> </ul>	No HCC, but there is an opportunity for predicting chronic disease
<b>Alcohol-related health issues</b>	F10	<ul style="list-style-type: none"> <li>• Specificity (Use, Abuse, Dependence) NOTE: It is important that the providers understand that the codes and meanings are different for the types of alcohol use.</li> <li>• 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</li> </ul>	Specificity is the key for qualification as an HCC.

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		<p>amnesic disorder, alcohol-induced persisting dementia)</p>	
<b>Diabetes</b>	E08-E13	<ul style="list-style-type: none"> <li>• Differentiate by type (1, 2, drug-induced, underlying condition, other secondary diabetes)</li> <li>• Manifestation (autonomic (poly)neuropathy, CKD, foot ulcer, gastroparesis, nephropathy, retinopathy including type and acuity, uncontrolled, hyper/hypoglycemia, ketoacidosis, circulatory complications, gangrene)</li> </ul>	<p>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.</p>
<b>Alzheimer's Disease</b>	G30.- with F02.80 or F02.81	<ul style="list-style-type: none"> <li>• Type (early onset, late onset, or other)</li> <li>• Behavior disturbance (present or absent)</li> </ul>	<p>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.</p>
<b>Cancer</b>	C00 – D49	<ul style="list-style-type: none"> <li>• Behavior</li> <li>• Neoplasm type (morphology)</li> <li>• Primary or secondary</li> <li>• Anatomic location including laterality when appropriate</li> <li>• Manifestations</li> </ul>	<p>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.</p>
<b>Obesity</b>	E66.01 – E66.9 Z68.-	<ul style="list-style-type: none"> <li>• Specificity</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• Morbid obesity due to excessive calories and morbid obesity with alveolar hypoventilation are the only CCs for obesity or overweight.</li> <li>• There is an additional opportunity for BMI of 40 or over.</li> </ul>

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<b>Arthritis</b>	M00 – M02, M05-M06, M08 – M13, M15, M19	<ul style="list-style-type: none"> <li>• Type</li> <li>• Anatomical site(s)</li> <li>• Laterality, when appropriate</li> <li>• Bacteria involved, when appropriate</li> <li>• Associated with other conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Bacterial arthritis, rheumatoid arthritis, Felty’s syndrome, and juvenile arthritis are HCCs</li> <li>• Osteoarthritis or polyarthritis are excluded from HCCs.</li> </ul>
<b>Asthma</b>	J45 J44.9 (asthma w/COPD)	<ul style="list-style-type: none"> <li>• Type (intermittent vs. persistent)</li> <li>• Severity (mild, moderate, severe)</li> </ul>	<ul style="list-style-type: none"> <li>• Asthma will not drive the HCC assignment. The HCC will be the underlying chronic condition associated with asthma.</li> <li>• COPD w/asthma is coded as J44.9 plus a code from category J45 with the COPD code as the HCC.</li> </ul>
<b>Stroke</b>	I60 – I63 I97.810 – I97.821	<ul style="list-style-type: none"> <li>• Type of stroke (embolic, thrombotic, stenosis, hemorrhagic)</li> <li>• Involved vessels</li> <li>• Laterality, when appropriate</li> <li>• Dominance (right handed, left handed)</li> <li>• Intra-operative vs. Post-operative, when appropriate</li> <li>• Sequela (residuals) of stroke</li> </ul>	<ul style="list-style-type: none"> <li>• Sequela of stroke</li> <li>• Acute stroke and residuals of previous stroke both qualify for HCCs)</li> </ul>