HCC Passport 2025

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UASI Outpatient CDI Solutions leverages clinical and coding expertise, offering real-time documentation answers to capture the specificity of diagnoses, assist with quality metrics, identify chronic conditions for accurate HCC capture, and accurately capture reportable procedures. As the outpatient setting adapts to healthcare reform risk-adjusted and risk-sharing payment models, our Outpatient CDI experts will help your facility develop and implement a new Outpatient CDI program or assist in sustaining an existing program.

This updated Passport to HCCs includes top documentation tips based on UASI outpatient audit findings from clients across the country. Documentation topics include:

- Alcohol/DrugAbuse & SubstanceUse Disorder
- Atrial Fibrillation
- Chronic Kidney Disease
- Combination Codes
- Depression
- Diabetes
- "History Of" versus Current Condition
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Use MEAT Acronym to Support the Diagnosis

Diagnoses must be documented in words (not codes) with their related treatment or how they affect patient care, treatment, or management. Some HCC professionals use the acronym MEAT to apply this official guideline better.

- **Monitor**: Signs/Symptoms. Disease progression or regression
- **Evaluate**: Response to treatments, review medication and test results
- **Assess/Address**: discussion, counseling, ordering tests and medications, record review
- **Treatment**: Medications, therapies, or referrals

Only 1 element of MEAT is required to support a diagnosis; the more support the better. Examples of supporting the diagnosis:

- Chronic diastolic heart failure: continue Lasix, Coreg, and Lisinopril, encouraged to continue daily weights
- Diabetes, type 2 with CKD 4: Recheck A1C in 3 months, monitor GFR for any progression of CKD

Documentation Tips and Code Examples in the upcoming pages are not exhaustive but are intended to present some common options.

Alcohol/Drug Abuse and Substance Abuse Disorder Documentation Tips

- What is the severity of use disorder? (mild, moderate, or severe)
- What is the specific drug(s) related to use, abuse, substance use disorder, or dependence?
- What are the substance-induced associated complications related to the patient's dependence (i.e. anxiety, sleep disorder, etc.)
- What is the clinical status of the current episode? (current dependence/ early or sustained remission)
- Documentation of "alcoholism" codes to F10.20, alcohol dependence, uncomplicated. Alcoholism in Remission codes to F10.21
- Documentation of drug dependence should include the specific drug(s)(i.e. stimulant, hallucinogenic, cocaine, cannabis)

Alcohol/Drug Abuse and Substance Abuse Disorder Documentation Tips, Continued

Code Examples: (this list is not exhaustive but presents some common options)

Code	Description	V24 Category & Value	V28 Category & Value
F10.180	Alcohol abuse with alcohol-induced anxiety disorder	55 0.329	139 0.242
F10.20	Alcohol dependence, uncomplicated Alcohol use disorder, moderate or severe	55 0.329	139 0.242
F10.21	Alcohol dependence, in remission Alcohol use disorder, moderate or severe in early or sustained remission	55 0.329	139 0.242
F10.280	Alcohol dependence with alcohol-induced anxiety disorder	55 0.329	139 0.242
F10.282	Alcohol dependence with alcohol-induced sleep disorder	55 0.329	139 0.242
F10.288	Alcohol dependence with other alcohol-induced disorder	55 0.329	139 0.242
F11.20	Opioid dependence, uncomplicated Opioid use disorder, moderate or severe	55 0.329	137 0.424
F11.21	Opioid dependence, in remission Opioid use disorder, moderate or severe in early or sustained remission	55 0.329	137 0.424
F11.10	Opioid abuse, uncomplicated Opioid use disorder, mild	56 0.329	138 0.423

Alcohol/Drug Abuse and Substance Abuse Disorder Documentation Tips, Continued

The Difference: 72-year-old male seen in office with COPD, Type 2 DM with no complication, and long-standing alcohol dependence

Example 1: COPD, DM 2, (Alcohol dependence not documented)		
DX Code	**Description–Example 1**	**Score: V24/V28**
	Demographic Risk Factor	0.394 / 0.396
J44.9	COPD, unspecified	0.335 / 0.319
E11.9	Type 2 Diabetes Mellitus without complications	0.105 / 0.166
F10.10	Alcohol Abuse, uncomplicated	None
	Total	**0.834 / 0.881**

Example 2: COPD, DM 2, and Alcohol dependence		
DX Code	**Description–Example 2**	**Score: V24/V28**
	Demographic Risk Factor	0.394 / 0.396
J44.9	COPD, unspecified	0.335 / 0.319
E11.9	Type 2 Diabetes Mellitus without complications	0.105 / 0.166
F10.20	Alcohol Dependence, uncomplicated	0.329 / 0.242
	Total	**1.163 / 1.123**

Atrial Fibrillation Documentation Tips

- Atrial fibrillation is an abnormal rhythm noted to be rapid and irregular, requiring monitoring and treatment for rhythm or rate control
- Coding the different types of atrial fibrillation can be challenging so documentation should reflect the most accurate definition of the arrhythmia and correlate to the treatment

Code Examples: (this list is not exhaustive but presents some common options)

Code	Description	V24 Category & Value
I48.0	Paroxysmal atrial fibrillation	96 0.268
I48.19	Persistent atrial fibrillation	96 0.268
I48.20	Chronic atrial fibrillation, unspecified	96 0.268
I48.91	Atrial fibrillation, unspecified	96 0.268
I48.3	Typical atrial flutter	96 0.268
I49.5	Sick sinus syndrome	96 0.268
I49.8	Other specified cardiac arrhythmias	None
I49.9	Cardiac arrhythmia, unspecified	None

Atrial Fibrillation Documentation Tips, Continued

The Difference: 72-year-old female seen in office with DM. Complained of heart racing away from her. EKG obtained, "arrhythmia" is documented and started on Eliquis.

Example 1: DM, unspecified cardiac arrhythmia		
DX Code	**Description–Example 1**	**Score V24/V28**
	Demographic Risk Factor	0.386 / 0.395
E11.9	Type 2 Diabetes Mellitus without complications	0.105 / 0.166
I49.9	Cardiac arrhythmia, unspecified	None / None
	Total	**0.491 / 0.561**

Example 2: DM, atrial fibrillation specified		
DX Code	**Description–Example 2**	**Score V24 /V28**
	Demographic Risk Factor	0.386 / 0.395
E11.9	Type 2 Diabetes Mellitus without complications	0.105 / 0.166
I48.0	Paroxysmal atrial fibrillation	0.268 / 0.299
	Total	**0.759 / 0.860**

CKD Stage Documentation Tips

- Documentation of CKD should include the stage. Documentation of GFR/eGFR is not sufficient for assignment of stage
- Documentation of CKD and HTN is coded to the HTN/CKD combination code (I12.0 or I12.9) unless the documentation states the CKD is not related to the HTN
- Documentation should include underlying etiology of CKD (HTN, diabetes, obstruction, etc.)
- Documentation should include dialysis status or dialysis dependence, if applicable

CKD Stage Documentation Tips, Continued

Code Examples: (this list is not exhaustive but presents some common options)

Code	Description	V24 Category & Value	V28 Category & Value
N18.30	Chronic kidney disease, stage 3 unspecified	138 0.069	329 0.127
N18.31	Chronic kidney disease, stage 3a	138 0.069	329 0.127
N18.32	Chronic kidney disease, stage 3b	138 0.069	329 0.127
N18.4	Chronic kidney disease, stage 4 (severe)	137 0.289	327 0.514
N18.5	Chronic kidney disease, stage 5	136 0.289	326 0.815
N18.6	End stage renal disease	136 0.289	326 0.815
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	136 0.289	326 0.815
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	85 0.331	226 0.360
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	136 0.289	326 0.815

CKD Stage Documentation Tips, Continued

The Difference: 72-year-old female seen in office with bronchitis, DM type 2 uncomplicated, fluids restricted and creatinine elevated

Example 1: Bronchitis and DM 2 (provider did not documentCKD 4)		
DX Code	**Description-Example 1**	**Score V24/V28**
	Demographic Risk Factor	0.386 / 0.395
J40	Bronchitis, unspecified	None/None
E11.9	Type 2 Diabetes Mellitus without complications	0.105 / 0.166
	Total	**0.491 / 0.561**

Example 2: Bronchitis, DM type 2, and CKD 4		
DX Code	**Description-Example 2**	**Score V24/V28**
	Demographic Risk Factor	0.386/ 0.395
J40	Bronchitis, unspecified	None / None
E11.22	DM 2 with CKD	0.302 / 0.166
N18.4	Chronic Kidney Disease, stage 4 (severe)	0.289 / 0.514
	Total	**0.977 / 1.075**

Combination Codes & Disease Interactions Documentation Tips

- Combination codes allow for more specific diagnoses to be captured
- They show the relationship between disease processes and manifestations as appropriate
- Combination codes also lead to an interaction RAF Weight:
  - When certain diseases co-exist the HCC Model provides an additional weight towards the RAF score
  - When these diseases present in the same patient, the comorbidity has higher costs than the added coefficients.
- Currently there are 6 disease interaction categories: (1) Diabetes and CHF, (2) CHF and CKD, (3) CHF and COPD, (4) CHF and AFIB, (5) COPD and Respiratory Failure, and (6) Cancer - Immunosuppressive State

Combination Codes & Disease Interactions Documentation Tips, Continued

Code Examples: (this list is not exhaustive but presents some common options)

Code	Description	V24 Category & Value	V28 Category & Value
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	18, 108, & 106 1.488	37, 267 & 263 1.118
E11.36	Type 2 diabetes mellitus with diabetic cataract	18 0.302	37 0.166
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	85 0.337	226 0.360
I11.0	Hypertensive heart disease with heart failure	85 0.331	226 0.360
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	136 0.289	326 0.815

Combination Codes & Disease Interactions Documentation Tips, Continued

The Difference: 77-year-old male with DM 2, CKD stage 4, HTN, diastolicCHF. He was seen for routine labs regarding his kidney failure

Example 1: Without using combination codes.		
DX Code	**Description-Example 1**	**Score V24/V28**
	Demographic Risk Factor	0.473 / 0.502
E11.9	Type 2 Diabetes without complications	0.105 / 0.166
I10	HTN	None / None
N18.4	CKD 4	0.289 / 0.514
I50.32	Chronic Diastolic CHF	0.331 / 0.360
INTERACTION	CHF_RENAL	0.156/0.176
INTERACTION	DIABETES_CHF	0.121/0.112
	Total	**1.475/ 1.697**

Example 2: Using combination codes, correct coding		
DX Code	**Description-Example 2**	**Score**
	Demographic Risk Factor	0.473 / 0.502
E11.22	DM 2 with CKD	0.302 / 0.166
I13.0	Hypertensive Heart Failure and CKD	0.331 / 0.360
N18.4	CKD 4	0.289 / 0.514
I50.32	Chronic Diastolic CHF	(~~0.331~~) /(~~0.360~~)
INTERACTION	CHF_RENAL	0.156/0.176
INTERACTION	DIABETES_CHF	0.121/0.112
	Total	**1.672 / 1.830**

() ~~strikethrough~~ values represent hierarchical rules. There is a condition that overrides the diagnosis.

Depression Documentation Tips

- Is this a single episode or recurrent episode of depression?
- What is the severity of the depression? (Mild, moderate, severe with or without psychotic features)
- What is the clinical status of the current episode? (in partial/full remission)
- Documentation of chronic depression codes to F32.A and has no risk score

Code Examples: (this list is not exhaustive but presents some common options)

Code	Description	V24 Category & Value	V28 Category & Value
F32.0	Major depressive disorder, mild, single episode	59 0.309	None
F32.1	Major depressive disorder, moderate, single episode	59 0.309	155 0.299
F32.2	Major depressive disorder, severe without psychosis, single episode	59 0.309	155 0.299
F32.4	Major depressive disorder, partial remission, single episode	59 0.309	None
F32.5	Major depressive disorder, full remission, single episode	59 0.309	None
F33.0	Major depressive disorder, recurrent, mild	59 0.309	None
F32.9	Major depressive disorder, unspecified, single episode	None	None
F32.A	Depression, unspecified	None	None

Depression Documentation Tips, Continued

The Difference: 76-year-old female seen in office with UTI, major depressive disorder, type 2 DM with no complications. Patient states that she has been feeling more down lately and wonders about increasing her dose of Prozac

Example 1: UTI, DM type 2 without complication, and major depression disorder		
DX Code	**Description–Example 1**	**Score V24/V28**
	Demographic Risk Factor	0.451 / 0.465
N39.0	Urinary Tract Infection, site not specified	None / None
E11.9	Type 2 Diabetes M Mellitus without complications	0.105 / 0.166
F32.9	Major Depressive Disorder, unspecified, single episode	None / None
	Total	**0.556 / 0.631**

Example 2: UTI, DM type 2 without complication and mild recurrent depression		
DX Code	**Description–Example 2**	**Score V24/V28**
	Demographic Risk Factor	0.451 / 0.465
N39.0	Urinary Tract Infection, site not specified	None / None
E11.9	Type 2 Diabetes Mellitus without complications	0.105 / 0.166
F33.0	Major Depressive Disorder, recurrent, mild	0.309 / None
	Total	**0.865 / 0.631**

Diabetes Documentation Tips

- The default code for an unspecified diabetes type is type 2 diabetes.Regardless of the diabetes type, they have the same HCC score
- Include diabetic manifestations with highest level of specificity and current status (i.e., stable, controlled, improving, worsening, etc.)
- Include causality when applicable
- Diabetes without complications (e.g., E11.9) is the lowest HCC in the hierarchy. Chronic and acute diabetic complications have the same RAF score; however, acute manifestations, HCC 17, is the highestHCC in the hierarchy
- Some diabetes combination codes have more than one HCC (e.g., E11.51 has HCCs 18 and 108)

Diabetes Documentation Tips, Continued

Code Examples: (this list is not exhaustive but presents some common options)

Code	Description	V24 Category & Value	V28 Category & Value
E10.9	Type 1 diabetes mellitus without complications	19 0.105	38 0.166
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication	18 0.302	37 0.166
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	18, 108 & 106 1.790	37 & 263 1.284
E11.9	Type 2 diabetes mellitus without complications	19 0.105	38 0.166
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	18 0.302	37 0.166
E11.621	Type 2 diabetes mellitus with foot ulcer	18 & 161 0.817	37 & 383 0.812
E11.622	Type 2 diabetes mellitus with other skin ulcer	18 & 161 0.817	37 & 383 0.812

Diabetes Documentation Tips, Continued

The Difference: 66-year-old male type 2 diabetic patient, seen for foul smelling ulcer on the left foot

Example 1: DM 2, foot ulcer		
DX Code	**Description-Example 1**	**Score V24/V28**
	Demographic Risk Factor	0.308 / 0.332
E11.621	Type 2 DM with foot ulcer	0.302 / 0.166
L97.529	Non-pressure chronic ulcer of LT foot	0.515 / 0.646
	Total	**1.125 / 1.144**

Example 2: DM 2, complicated by PVD with gangrene and a diabetic ulcer on the Left foot		
DX Code	**Description-Example 2**	**Score V24/V28**
	Demographic Risk Factor	0.308 / 0.332
E11.621	Type 2 DM with foot ulcer	0.302 / 0.166
E11.52	Type 2 DM with PVD and gangrene	1.488 / 1.118
L97.529	Non-pressure chronic ulcer of L foot	(~~0.515~~) / (~~0.646~~)
	Total	**2.098 / 1.616**

() ~~strikethrough~~ values represent hierarchical rules.
There is a condition that overrides the diagnosis.

"History of" Versus Current Condition Documentation Tips

- According to Coding Clinic(1st Q 2020, p13), the phrase "history of" may have two different meanings: 1) the condition is chronic, or 2) no longer exists. However, it is recommended to avoid using the "history of" phrase when describing an active disease(e.g., history of diabetes). Third parties may misinterpret this phrase.
- Diagnoses that have resolved or are no longer treated should not be reported

Examples of how to improve documentation to capture current conditions:

Documentation	Preferred Documentation
H/OCHF - meds = Lasix	Compensated diastolic CHF stable on Lasix
H/Oangina - meds= Nitro Quick	Angina stable on Nitro Quick
H/OCOPD - meds= Advair	COPD controlled with Advair

“History of” Versus Current Condition Documentation Tips, Continued

The Difference: 76-year-old female seen in office with UTI. Past medical history:chronic diastolic CHF. U/A today positive. Start antibiotics, continue on Lisinopril and Coreg, hold Lasix for two days, and monitor daily weight

Example 1: UTI		
DX Code	**Description-Example 1**	**Score V24/V28**
	Demographic Risk Factor	0.451 / 0.465
N39.0	Urinary Tract Infection, site not specified	None / None
	Total	**0.451 / 0.465**

Example 2: UTI, Chronic diastolic heart failure		
DX Code	**Description-Example 2**	**Score V24/V28**
	Demographic Risk Factor	0.451 / 0.465
N39.0	Urinary Tract Infection, site not specified	None / None
I50.32	Chronic diastolic (congestive) heart failure	0.331 / 0.360
	Total	**0.782 / 0.825**

Hyperparathyroidism Documentation Tips

- There are two types of hyperparathyroidism - primary and secondary. Secondary hyperparathyroidism is seen in patients with chronic kidney disease(CKD)
- In secondary hyperparathyroidism, the kidneys cannot make Vitamin D which is needed to absorb calcium from the blood
- Renal disease patients will have high phosphorus levels and low blood calcium levels
- Renal disease patients will have bone disease, which makes bones brittle and increases risk of fractures

Code Examples: (this list is not exhaustive but presents some common options)

Code	Description	V24 Category & Value	V28 Category & Value
E21.0	Primary hyperparathyroidism	23 0.194	None
E21.1	Secondary hyperparathyroidism, not elsewhere classified	23 0.194	None
E21.2	Other hyperparathyroidism	23 0.194	None
E21.3	Hyperparathyroidism, unspecified	23 0.194	None
N25.81	Secondary hyperparathyroidism of renal origin	23 0.194	None

Hyperparathyroidism Documentation Tips, Continued

The Difference: 76-year-old male seen in office for labs to evaluate BUN and creatinine levels. He is on renal dialysis and takes vitaminD supplements and Cinacalcet.

Example 1: ESRD, dependence on renal dialysis		
DX Code	**Description-Example 1**	**Score V24/V28**
	Demographic Risk Factor	0.473 / 0.502
N18.6	ESRD	~~(0.289)~~ / 0.815
Z99.2	Dependence on Renal Dialysis	0.435 / None
	Total	**0.908 / 1.317**
V24: HCC 134 took precedence over HCC 136		

Example 2: ESRD, Dependence on renal dialysis,secondary hyperparathyroidism		
DX Code	**Description-Example 2**	**Score V24/V28**
	Demographic Risk Factor	0.473 / 0.502
N18.6	ESRD	~~(0.289)~~ / 0.815
Z99.2	Dependence on Renal Dialysis	0.435 / None
N25.81	Secondary hyperparathyroidism of Renal Origin	0.194 / None
	Total	**1.102 / 1.317**
() ~~strikethrough~~ values represent hierarchical rules. There is a condition that overrides the diagnosis.		

Malignancies Documentation Tips

- Clearly document the status of the malignancy & if receiving treatment: active, in remission, undergoing treatment, completed treatment, patient refusal or, contraindication
- Malignancy that has been excised or eliminated is reported as history once treatment is completed
- Secondary malignancy currently receiving treatment can be reported by site of the metastasis
- Leukemia is reported and captured by type and acuity with "in remission" included on the list

Code Examples: (this list is not exhaustive but presents some common options)

Code	Description	V24 Category & Value	V28 Category & Value
C91.90	Leukemia, lymphoid, not having achieved remission	10 0.675	22 0.363
C91.91	Leukemia, lymphoid, in remission	10 0.675	22 0.363
C95.10	Leukemia, chronic of unspecified cell type, not having achieved remission	10 0.675	22 0.363
C95.11	Leukemia, chronic of unspecified cell type, in remission	10 0.675	22 0.363
C18.9	Malignant neoplasm of colon, unspecified	11 0.307	22 0.363
C78.02	Secondary malignant neoplasm of left lung	8 2.659	17 4.209
C79.51	Secondary malignant neoplasm of bone	8 2.659	18 2.341

Malignancies Documentation Tips, Continued

The Difference: 67-year-old female seen for rib pain with a history of colon cancer and a colostomy. Referred to MRI, CT scan, and possible PET scan.

Example 1: rib pain, hx of colon CA, s/p colostomy		
DX Code	**Description–Example 1**	**Score V24/V28**
	Demographic Risk Factor	0.323 / 0.330
R52	Rib pain	None / None
Z85.038	History of Colon CA	None / None
Z93.3	Colostomy status	0.534 / 0.673
	Total	**0.857 / 1.003**

Example 2: Neoplasm pain found to be metastatic carcinoma of rib (bone) actively on chemo for colon cancer, s/p colostomy		
DX Code	**Description–Example 2**	**Score V24/V28**
	Demographic Risk Factor	0.323 / 0.330
C79.51	Metastatic Carcinoma of Rib (bone)	2.659 / 2.341
C18.9	Colon Cancer	(~~0.307~~) / (~~0.363~~)
Z93.3	Colostomy status	0.534 / 0.673
	Total	**3.516 / 3.344**

() ~~strikethrough~~ values represent hierarchical rules.
There is a condition that overrides the diagnosis.

Morbid Obesity Documentation Tips

- According to Coding Clinic, morbid obesity code assignment is not based on BMI information. However, BMI codes should only be assigned when an associated, reportable diagnosis is established (e.g., obesity)
- BMI information coming from other clinicians can be used for BMI code assignment
- Document associated complications related to obesity

Code Examples: (this list is not exhaustive but presents some common options)

Code	Description	V24 Category & Value	V28 Category & Value
E66.01	Morbid (severe) obesity due to excess calories	22 0.250	48 0.186
E66.2	Morbid (severe) obesity with alveolar hypoventilation	22 0.250	48 0.186
Z68.41	Body mass index (BMI) 40.0-44.9, adult	22 0.250	48 0.186
Z68.42	Body mass index (BMI) 45.0-49.9, adult	22 0.250	48 0.186
E66.2	Pickwickian Syndrome-codes to Morbid (severe) obesity with alveolar hypoventilation	22 0.250	48 0.186

Morbid Obesity Documentation Tips, Continued

The Difference: 76-year-old female seen in office with asthma exacerbation. She has a BMI of 43.

Example 1: asthma exacerbation and obesity		
DX Code	**Description–Example 1**	**Score V24/V28**
	Demographic Risk Factor	0.451 / 0.465
J45.901	Asthma Exacerbation, unspecified	None / None
E66.9	Obesity, unspecified	None / None
	Total	0.451 / 0.465

Example 2: asthma exacerbation and morbid obesitywith a BMI of 43		
DX Code	**Description–Example 2**	**Score V24/V28**
	Demographic Risk Factor	0.451 / 0.465
J45.901	Asthma Exacerbation, unspecified	None / None
E66.01	Morbid (severe) obesity due to excess calories	0.250 / 0.186
Z68.41	Body mass index (BMI) 40.0 - 44.9, adult *Need documentation of the diagnosis and the BMI, will only capture one HCC*	(~~0.250~~) / (~~0.186~~)
	Total	**0.701 / 0.651**

() ~~strikethrough~~ values represent hierarchical rules. There is a condition that overrides the diagnosis.

Respiratory Failure Documentation Tips

- Due to abnormalities of oxygenation and carbon dioxide elimination; usually due to an underlying chronic lung disease
- Common causes are severe COPD and pulmonary fibrosis
- A common clinical indicator is oxygen dependence often documented as “use of home O2” and/or an order for home O2 that is greater than prn

Code Examples: (this list is not exhaustive but presents some common options)

Code	Description	V24 Category & Value	V28 Category & Value
J96.10	Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	84 0.282	213 0.370
J96.11	Chronic respiratory failure with hypoxia	84 0.282	213 0.370
J96.12	Chronic respiratory failure with hypercapnia	84 0.282	213 0.370
Z99.81	Dependence on supplemental oxygen	None	None

Respiratory Failure Documentation Tips, Continued

The Difference: 66-year-old female seen in office with COPD and O2 sats of 85%. Sent home on home O2.

Example 1: COPD and dependence on O2		
DX Code	**Description-Example 1**	**Score V24/V28**
	Demographic Risk Factor	0.323 / 0.330
J44.9	COPD	0.335 / 0.319
Z99.81	Dependence on supplemental oxygen	None / None
	Total	0.658 / 0.649

Example 2: COPD, chronic respiratory failure, dependence on O2		
DX Code	**Description-Example 2**	**Score V24/V28**
	Demographic Risk Factor	0.323 / 0.330
J44.9	COPD	0.335 / 0.319
J96.10	Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	0.282 / 0.370
Z99.81	Dependence on supplemental oxygen	None / None
INTERACTION	Cardiorespiratory Failure_COPD	0.363 / 0.254
	Total	**1.303 / 1.273**

Transplants Documentation Tips

- Transplant status affects the management of the patient even when the patient presents with a "simple"illness that would appear unrelated to chronic condition(s)
- Transplant status should continue to be reported on an ongoing basis as long as the patient is receiving evaluation and monitoring of the transplant status

Code Examples: (this list is not exhaustive but presents some common options)

Code	Description	V24 Category & Value	V28 Category & Value
Z94.0	Kidney transplant status	None	None
Z94.1	Heart transplant status	186 0.832	221 1.053
Z94.2	Lung transplant status	186 0.832	276 2.531
Z94.3	Heart and lungs transplant status	186 0.832	221 & 276 3.584
Z94.4	Liver transplant status	186 0.832	62 0.376
Z94.81	Bone marrow transplant status	186 0.832	454 1.068
Z94.82	Intestine transplant status	186 0.832	77 1.172
Z94.83	Pancreas transplant status	186 0.832	35 0.949
Z94.84	Stem cells transplant status	186 0.832	454 1.068

Transplants Documentation Tips, Continued

The Difference: 76-year-old male s/p heart transplant one year ago. At office today with right ear pain found to have otitis externa. Patient reports compliance with immunosuppression medications and heart healthy diet. Will treat with antibiotic ear drops. Will have patient follow up to ensure infection clears.

Example 1: Right ear infection, heart transplant not coded		
DX Code	**Description–Example 1**	**Score V24/V28**
	Demographic Risk Factor	0.473 / 0.502
H60.91	Infective otitis externa, right ear	None / None
	Total	**0.473 / 0.502**

Example 2: Right ear infection and heart transplant		
DX Code	**Description–Example 2**	**Score V24/V28**
	Demographic Risk Factor	0.473 / 0.502
H60.91	Infective otitis externa, right ear	None / None
Z94.1	Heart transplant status	0.832 / 1.053
	Total	**1.305 / 1.555**

Status Codes Documentation Tips

- These Z-codes indicate that the patient has a condition or another factor influencing their health status
- Status codes such as ostomies, amputations, dialysis, compliance, etc. should be captured and documented if they impact the care and consideration given to the patient and their plan of care

Code Examples: (this list is not exhaustive but presents some common options)

Code	Description	V24 Category & Value	V28 Category & Value
Z93.2	Ileostomy status	188 0.534	463 0.673
Z93.3	Colostomy status	188 0.534	463 0.673
Z93.6	Ureterostomy	188 0.534	463 0.673
Z93.0	Tracheostomy status	82 1.000	211 0.879
Z89.411	Acquired absence of right great toe	189 0.519	None
Z89.612	Acquired absence of left leg above knee	189 0.519	409 0.598
Z91.15	Patient's noncompliance with renal dialysis	134 0.435	None

Status Codes Documentation Tips, Continued

The Difference: 76-year-old female seen in office with UTI. Currently receiving chemo for colon cancer, sees oncologist next week. Patient denies any issues with her left stump - examined

Example 1: UTI, colon cancer, unspecified amputation		
DX Code	**Description-Example 1**	**Score V24/V28**
	Demographic Risk Factor	0.451 / 0.465
N39.0	Urinary tract infection, site not specified	None / None
C18.9	Malignant neoplasm of colon, unspecified	0.307 / 0.363
Z89.9	Acquired absence of unspecified limb	None / None
	Total	**0.758 / 0.828**

Example 2: UTI, colon cancer, Left foot amputation status		
DX Code	**Description-Example 2**	**Score V24/V28**
	Demographic Risk Factor	0.451 / 0.465
N39.0	Urinary tract infection, site not specified	None / None
C18.9	Malignant neoplasm of colon, unspecified	0.307 / 0.363
Z89.432	Acquired Absence of left foot	0.519 / 0.598
	Total	**1.277 / 1.426**

Immunodeficiency Status Documentation Tips

- There are circumstances where a patient may be immune competent because of improvement of an underlying condition that can affect the immune system, but become immunocompromised because of an acute illness, new treatment or medication. Bone marrow transplant with a fever.
- A patient whose immune system is suppressed because of illness or external factors generally requires greater resource utilization.
- Clinicians routinely document in the medical record when a patient's immune system may be compromised by using terms such as "immunodeficiency," "immunosuppressed" or "immunocompromised."

Code Examples: (this list is not exhaustive but presents some common options)

Code	Description	V24 Category & Value	V28 Category & Value
D84.81	Immunodeficiency due to conditions classified elsewhere	47 0.665	None
D84.821	Immunodeficiency due to drugs	47 0.665	None
D84.822	Immunodeficiency due to external causes	47 0.665	None
D84.89	Other immunodeficiencies	47 0.665	None

Immunodeficiency Status Documentation Tips, Continued

The Difference: 75-year-old female s/p heart transplant one year ago. At office today with wheezing and cough, COPD exacerbation, Immunosuppressed on transplant meds. Patient reports compliance with immunosuppression medications and healthy diet. Currently on combination therapy. Follows with transplant team for dosing, monitoring levels. Will treat with current inhalers, follow-up in 10 days.

Example 1: COPD, immunodeficiency status not captured

DX Code	Description-Example 1	Score V24/V28
	Demographic Risk Factor	0.451 / 0.465
J44.1	COPD, with Acute Exacerbation	0.335/ 0.319
Z94.1	Heart transplant status	0.832 / 1.053
INTERACTION	Heart Transplant + Chronic Lung Disease	None / 0.078
	Total	**1.618 / 1.915**

Example 2: COPD, immunodeficiency, heart transplant status

DX Code	Description-Example 2	Score V24/V28
	Demographic Risk Factor	0.451 / 0.465
J44.1	COPD, with Acute Exacerbation	0.335 / 0.319
Z94.1	Heart transplant status	0.832 / 1.053
D84.821	Immunodeficiency due to drugs	0.655 / None
INTERACTION	Heart Transplant + Chronic Lung Disease	None / 0.078
	Total	**2.283 / 1.915**

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