UASi

United Audit Systems Inc.

HCCs
Passport

2022 Update

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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:

- Alcohol/Drug Abuse and Substance Use Disorder
- Atrial Fibrillation
- Chronic Kidney Disease
- Combination Codes
- Depression
- Diabetes
- "History Of" versus Current Condition
- Hyperparathyroidism
- Immunodeficiency Status
- Malignancies
- Morbid Obesity
- Respiratory Failure
- Status Codes
- Transplants

Risk Adjusted Model Basics

CMS-HCCs (Hierarchical Condition Categories)
- Focus on conditions actively being treated and monitored; recognizing resources are being consumed, similar to DRGs
- ~9,000 ICD-10-CM codes belong to the 86 categories of HCCs

RAF (Risk-Adjusted Factor) Score
- Applies to the patient for the calendar year across inpatient, outpatient, and physician office settings
- Cumulative - to reflect complete health status of the patient
- Determined by using a combination of demographic information along with disease information to predict future healthcare costs for enrollees
- The more HCC conditions a patient has, the higher the score

The CMS Risk-Adjustment Model
- Is to be predictive
- Codes reported this year, determine resource needs for the next year and are predetermined each year

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 <u>use, abuse, substance use disorder, or dependence</u>?
- What are the substance-induced <u>associated complications</u> related to the patient's dependence (i.e. anxiety, sleep disorder, etc.)
- What is the clinical status of the current episode? (<u>current dependence/ early or sustained remission</u>)
- 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)

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

Code	Description	HCC Category	HCC Value
F10.180	Alcohol abuse with alcohol-induced anxiety disorder	55	0.329
F10.20	Alcohol dependence, uncomplicated Alcohol use disorder, moderate or severe	55	0.329
F10.21	Alcohol dependence, in remission Alcohol use disorder, moderate or severe in early or sustained remission	55	0.329
F10.280	Alcohol dependence with alcohol-induced anxiety disorder	55	0.329
F10.282	Alcohol dependence with alcohol-induced sleep disorder	55	0.329
F10.288	Alcohol dependence with other alcohol-induced disorder	55	0.329

Table continues on next page

F11.20	Opioid dependence, uncomplicated Opioid use disorder, moderate or severe	55	0.329
F11.21	Opioid dependence, in remission Opioid use disorder, moderate or severe in early or sustained remission	55	0.329
F11.10	Opioid abuse, uncomplicated Opioid use disorder, mild	56	0.329

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**
	2020 Demographic Risk Factor	0.394
J44.9	COPD, unspecified	0.335
E11.9	Type 2 Diabetes Mellitus without complications	0.105
F10.10	Alcohol Abuse, uncomplicated	None
	Total	**0.834**

Example 2: COPD, DM 2, and Alcohol dependence		
DX Code	**Description-Example 2**	**Score**
	2020 Demographic Risk Factor	0.394
J44.9	COPD, unspecified	0.335
E11.9	Type 2 Diabetes Mellitus without complications	0.105
F10.20	Alcohol Dependence, uncomplicated	0.329
	Total	**1.163**

Atrial Fibrillation Documentation Tips:

- Atrial fibrillation is an abnormal rhythm noted to be very 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	HCC Category	HCC 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	None
I49.9	Cardiac arrhythmia, unspecified	None	None

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**
	2020 Demographic Risk Factor	0.386
E11.9	Type 2 Diabetes Mellitus without complications	0.105
I49.9	Cardiac arrhythmia, unspecified	None
	Total	**0.491**

Example 2: DM, atrial fibrillation specified		
DX Code	**Description-Example 2**	**Score**
	2020 Demographic Risk Factor	0.386
E11.9	Type 2 Diabetes Mellitus without complications	0.105
I48.0	Paroxysmal atrial fibrillation	0.268
	Total	**0.759**

CKD Stage Documentation Tips:

- Documentation of CKD should include the <u>stage</u>. Documentation of GFR is <u>not</u> 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 <u>not</u> related to the HTN
- Documentation should include underlying etiology of CKD (HTN, diabetes, obstruction, etc.)
- Documentation should include <u>dialysis status or dialysis dependence</u>, if applicable

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

Code	Description	HCC Category	HCC Value
N18.30	Chronic kidney disease, stage 3 unspecified	138	0.069
N18.31	Chronic kidney disease, stage 3a	138	0.069
N18.32	Chronic kidney disease, stage 3b	138	0.069
N18.4	Chronic kidney disease, stage 4 (severe)	137	0.289
N18.5	Chronic kidney disease, stage 5	136	0.289
N18.6	End stage renal disease	136	0.289
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	136	0.289
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
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
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	85 & 136	0.620

The Difference

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

DX Code	Description-Example 1	Score
Example 1: Bronchitis and DM 2 (provider did not document CKD 4)		
	2020 Demographic Risk Factor	0.386
J40	Bronchitis, unspecified	None
E11.9	Type 2 Diabetes Mellitus without complications	0.105
	Total	**0.491**

DX Code	Description-Example 2	Score
Example 2: Bronchitis, DM type 2, and CKD 4		
	2020 Demographic Risk Factor	0.386
J40	Bronchitis, unspecified	None
E11.22	DM 2 with CKD	0.302
N18.4	Chronic Kidney Disease, stage 4 (severe)	0.289
	Total	**0.977**

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 payment
- Recognizes that these diseases when present in the same patient, have higher costs than merely adding the coefficients together can account for. 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

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

Code	Description	HCC Category	HCC Value
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	18, 108, & 106	1.79
E11.36	Type 2 diabetes mellitus with diabetic cataract	18	0.302
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
I11.0	Hypertensive heart disease with heart failure	85	0.331
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	136	0.289

The Difference

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

Example 1: Without using combination codes.		
DX Code	**Description-Example 1**	**Score**
	2020 Demographic Risk Factor	0.473
E11.9	Type 2 Diabetes without complications	0.105
I10	HTN	None
N18.4	CKD 4	0.289
I50.32	Chronic Diastolic CHF	(0.331)
INTERACTION	CHF_RENAL	0.156
INTERACTION	DIABETES_CHF	0.121
	Total	**1.475**

Example 2: Using combination codes, correct coding		
DX Code	**Description-Example 2**	**Score**
	2020 Demographic Risk Factor	0.473
E11.22	DM 2 with CKD	0.302
I13.0	Hypertensive Heart Failure and CKD	0.331
N18.4	CKD 4	0.289
I50.32	Chronic Diastolic CHF	(0.331)
INTERACTION	CHF_RENAL	0.156
INTERACTION	DIABETES_CHF	0.121
	Total	**1.672**

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

Depression Documentation Tips:

- Is this a <u>single</u> episode or <u>recurrent</u> episode of depression?
- What is the <u>severity</u> of the depression? (Mild, moderate, severe with or without psychotic features)
- What is the clinical status of the current episode? (in <u>partial/full remission</u>)
- 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	HCC Category	HCC Value
F32.0	Major depressive disorder, mild, single episode	59	0.309
F32.1	Major depressive disorder, moderate, single episode	59	0.309
F32.2	Major depressive disorder, severe without psychosis, single episode	59	0.309
F32.4	Major depressive disorder, partial remission, single episode	59	0.309
F32.5	Major depressive disorder, full remission, single episode	59	0.309
F33.0	Major depressive disorder, recurrent, mild	59	0.309
F32.9	Major depressive disorder, unspecified, single episode	None	None
F32.A	Depression, unspecified	None	None

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

DX Code	Description-Example 1	Score
Example 1: UTI, DM type 2 without complication, and major depression disorder		
	2020 Demographic Risk Factor	0.451
N39.0	Urinary Tract Infection, site not specified	None
E11.9	Type 2 Diabetes Mellitus without complications	0.105
F32.9	Major Depressive Disorder, unspecified, single episode	None
	Total	**0.556**

DX Code	Description-Example 2	Score
Example 2: UTI, DM type 2 without complication and mild recurrent depression		
	2020 Demographic Risk Factor	0.451
N39.0	Urinary Tract Infection, site not specified	None
E11.9	Type 2 Diabetes Mellitus without complications	0.105
F33.0	Major Depressive Disorder, recurrent, mild	0.309
	Total	**0.865**

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 <u>manifestations with highest level of specificity and current status</u> (i.e., stable, controlled, improving, worsening, etc.)
- Include <u>causality</u> 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 highest HCC in the hierarchy
- Some diabetes combination codes have more than one HCC (e.g., E11.51 has HCCs 18 and 108)

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

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

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**
	2020 Demographic Risk Factor	0.308
E11.621	Type 2 DM with foot ulcer	0.817
L97.529	Non-pressure chronic ulcer of LT foot	(0.515)
	Total	**1.125**

	Example 2: DM 2, complicated by PVD with gangrene and a diabetic ulcer on the Left foot	
DX Code	**Description-Example 2**	**Score**
	2020 Demographic Risk Factor	0.308
E11.621	Type 2 DM with foot ulcer	0.817
E11.52	Type 2 DM with PVD and gangrene	1.488
L97.529	Non-pressure chronic ulcer of L foot	(0.515)
	Total	**2.613**

() 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/O CHF - meds = Lasix	Compensated diastolic CHF stable on Lasix
H/O angina - meds = Nitro Quick	Angina stable on Nitro Quick
H/O COPD - meds = Advair	COPD controlled with Advair

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

DX Code	Description-Example 1	Score
	Example 1: UTI	
	2020 Demographic Risk Factor	0.451
N39.0	Urinary Tract Infection, site not specified	None
	Total	**0.451**

DX Code	Description-Example 2	Score
	Example 2: UTI, Chronic diastolic heart failure	
	2020 Demographic Risk Factor	0.451
N39.0	Urinary Tract Infection, site not specified	None
I50.32	Chronic diastolic (congestive) heart failure	0.331
	Total	**0.782**

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	HCC Category	HCC Value
E21.0	Primary hyperparathyroidism	23	0.194
E21.1	Secondary hyperparathyroidism, not elsewhere classified	23	0.194
E21.2	Other hyperparathyroidism	23	0.194
E21.3	Hyperparathyroidism, unspecified	23	0.194
N25.81	Secondary hyperparathyroidism of renal origin	23	0.194

The Difference

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

DX Code	Description-Example 1	Score
Example 1: ESRD, dependence on renal dialysis		
	2020 Demographic Risk Factor	0.473
N18.6	ESRD	(0.289)
Z99.2	Dependence on Renal Dialysis	0.435
	Total	**0.908**

DX Code	Description-Example 2	Score
Example 2: ESRD, Dependence on renal dialysis, secondary hyperparathyroidism		
	2020 Demographic Risk Factor	0.473
N18.6	ESRD	(0.289)
Z99.2	Dependence on Renal Dialysis	0.435
N25.81	Secondary hyperparathyroidism of Renal Origin	0.194
	Total	**1.102**

() 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	HCC Category	HCC Value
C91.90	Leukemia, lymphoid, not having achieved remission	10	0.675
C91.91	Leukemia, lymphoid, in remission	10	0.675
C95.10	Leukemia, chronic of unspecified cell type, not having achieved remission	10	0.675
C95.11	Leukemia, chronic of unspecified cell type, in remission	10	0.675
C18.9	Malignant neoplasm of colon, unspecified	11	0.307
C78.02	Secondary malignant neoplasm of left lung	8	2.659
C79.51	Secondary malignant neoplasm of bone	8	2.659

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.

DX Code	Description-Example 1	Score
	2020 Demographic Risk Factor	0.323
R52	Rib pain	None
Z85.038	History of Colon CA	None
Z93.3	Colostomy status	0.534
	Total	**0.857**

Example 1: rib pain, hx of colon CA, s/p colostomy

DX Code	Description-Example 2	Score
	2020 Demographic Risk Factor	0.323
C79.51	Metastatic Carcinoma of Rib (bone)	2.659
C18.9	Colon Cancer	(0.307)
Z93.3	Colostomy status	0.534
	Total	**3.516**

Example 2: Neoplasm pain found to be metastatic carcinoma of rib (bone) actively on chemo for colon cancer, s/p colostomy

() 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 <u>associated complications</u> related to obesity

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

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

The Difference

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

DX Code	Description-Example 1	Score
	**Example 1: asthma exacerbation and obesity**	
	2020 Demographic Risk Factor	0.451
J45.901	Asthma Exacerbation, unspecified	None
E66.9	Obesity, unspecified	None
	Total	**0.451**

DX Code	Description-Example 2	Score
	2020 Demographic Risk Factor	0.451
J45.901	Asthma Exacerbation, unspecified	None
E66.01	Morbid (severe) obesity due to excess calories	0.250
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)
	Total	**0.701**

Example 2: asthma exacerbation and morbid obesity with a BMI of 43

() 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"

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

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

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
	2020 Demographic Risk Factor	0.323
J44.9	COPD	0.335
Z99.81	Dependence on supplemental oxygen	None
	Total	**0.658**

Example 2: COPD, chronic respiratory failure, dependence on O2		
DX Code	Description-Example 2	Score
	2020 Demographic Risk Factor	0.323
J44.9	COPD	0.335
J96.10	Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	0.282
Z99.81	Dependence on supplemental oxygen	None
INTERACTION	Cardiorespiratory Failure_COPD	0.363
	Total	**1.303**

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	HCC Category	HCC Value
Z94.0	Kidney transplant status	None	None
Z94.1	Heart transplant status	186	0.832
Z94.2	Lung transplant status	186	0.832
Z94.3	Heart and lungs transplant status	186	0.832
Z94.4	Liver transplant status	186	0.832
Z94.81	Bone marrow transplant status	186	0.832
Z94.82	Intestine transplant status	186	0.832
Z94.83	Pancreas transplant status	186	0.832
Z94.84	Stem cells transplant status	186	0.832

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**
	2020 Demographic Risk Factor	0.473
H60.91	Infective otitis externa, right ear	None
	Total	**0.473**

Example 2: right ear infection and heart transplant		
DX Code	**Description-Example 2**	**Score**
	2020 Demographic Risk Factor	0.473
H60.91	Infective otitis externa, right ear	None
Z94.1	Heart transplant status	0.832
	Total	**1.305**

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	HCC Category	HCC Value
Z93.2	Ileostomy status	188	0.534
Z93.3	Colostomy status	188	0.534
Z93.6	Ureterostomy	188	0.534
Z93.0	Tracheostomy status	82	1.000
Z89.411	Acquired absence of right great toe	189	0.519
Z89.612	Acquired absence of left leg above knee	189	0.519
Z91.15	Patient's noncompliance with renal dialysis	134	0.435

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
	2020 Demographic Risk Factor	0.451
N39.0	Urinary tract infection, site not specified	None
C18.9	Malignant neoplasm of colon, unspecified	0.307
Z89.9	Acquired absence of unspecified limb	None
	Total	**0.758**

Example 2: UTI, colon cancer, Left foot amputation status		
DX Code	Description-Example 2	Score
	2020 Demographic Risk Factor	0.451
N39.0	Urinary tract infection, site not specified	None
C18.9	Malignant neoplasm of colon, unspecified	0.307
Z89.432	Acquired Absence of left foot	0.519
	Total	**1.277**

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	HCC Category	HCC Value
D84.81	Immunodeficiency due to conditions classified elsewhere	47	0.665
D84.821	Immunodeficiency due to drugs	47	0.665
D82.822	Immunodeficiency due to external causes	47	0.665
D84.89	Other immunodeficiencies	47	0.665

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
	2020 Demographic Risk Factor	0.451
J44.1	COPD, with Acute Exacerbation	0.335
Z94.1	Heart transplant status	0.832
	Total	**1.618**

Example 2: COPD, immunodeficiency, heart transplant status		
DX Code	Description-Example 2	Score
	2020 Demographic Risk Factor	0.451
J44.1	COPD, with Acute Exacerbation	0.335
Z94.1	Heart transplant status	0.832
D84.821	Immunodeficiency due to drugs	0.655
	Total	**2.283**

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