2023 Targeted HCCs

Diabetes (WITHOUT complications)

✓ Uncomplicated/Controlled DM (E10.9, E11.9) – less than ½ of diabetics are without complications
✓ Uncontrolled DM (E11.65, E10.65) – if symptomatic/clinically relevant, use "complication" code with specific complication. Asymptomatic hypo/hyperglycemia is not always a complication
   o Do **NOT** use if there are associated complications (CAD/HF, III-V CKD, etc.)
   o Use for "hyperglycemia" to assess A1c before 3-month interval, or if hyper/hypo and symptomatic (ED, hospitalization, urgent visit for management)
✓ Long Term Insulin Use (Z79.4) – add for each patient on insulin once yearly

Diabetes (WITH Associated Complications)

✓ Acute Diabetic Ketoacidosis, Hyperosmolarity, Diabetic Ulcer, Dermatitis, Skin Complications
✓ Nephropathy (E10.21, E11.21) (if associated CKD stage if III-V, use the ".22" code and add CDK stage)
   o Chronic Kidney Disease (E10.22, E11.22)
✓ Neuropathy (E10.40—E11.49)
✓ Retinopathy
✓ Peripheral Arterial Dz/Peripheral Vasc. Dz (E11.51, E10.51)
✓ E11.69 DM with other specified complication (Specify complication – lipids, CAD, etc.)

Oncology Comorbidities

Add these in if present:
✓ Immune suppression
✓ Aplastic Anemia
✓ Drug-induced polyneuropathy
✓ Chemo-induced cardiac issue
   o Arrhythmia, HF, etc.
✓ Acute/chronic renal d/t med
✓ Pulmonary issue d/t meds
✓ Cachexia/wasting

Use www.ICD10Data.com to help get diagnosis search started

Artificial Openings and Ostomies:

• Z93.0 - Tracheostomy
• Z93.2 - Ileostomy
• Z93.5X - Cystostomy
• Z93.1 - Gastrostomy
• Z93.3 – Colostomy
• Z93.6 – Other Artificial Opening
• Z93.9 – Artificial Opening Status, Unspec.
✓ Amputation Status (Z89.xxx)
✓ Transplant Status (Z94.x)
✓ Phantom Limb Syndrome (G54.6 w/pain, G54.7 w/o pain)
✓ Reported at least each year

Chronic Kidney Disease

✓ Stage 1-2 are not HCC weighted
✓ Stage 3:
   - Stage 3a = eGFR 45-59 (N18.31)
   - Stage 3b = eGFR 30-44 (N18.32)
✓ Stage 4 = eGFR 15-29 (N18.4)
✓ Stage 5 = eGFR <15 (N18.5)
✓ End Stage Renal Disease (N18.6) Use additional code to identify dialysis status (Z99.2)
✓ Unspecified Kidney Disease do not use
✓ Hypertensive Kidney Disease

Some examples of provider documentation best practices include:

o For Morbid Obesity, need ICD-10 diagnosis (E66.01) **and** the BMI # (40.0-44.9 is Z68.41; BMI of 45.0-49.9 is Z68.42, etc.)
   o "Morbid Obesity" with BMI of 35-39.9 with chronic conditions is OK, but document conditions
o Document all cause-and-effect relationships and clearly link complications or manifestations of a disease process – try to find the best diagnosis and link them – like hypertensive kidney disease (vs HTN only) – adding the CKD stage

Only document diagnoses as "history of" only if it no longer exists or is resolved and not being treated.

Current conditions need documentation showing "M.E.A.T" **M**edical **E**valuation and **A**ctive **T**reatment – the medical decision-making (MDM) of an encounter. All billing is now based on the MDM of our visits.

• **M**edical **E**valuation: What history supports the diagnosis. What symptoms/side effects are you seeing or worried about? What labs or notes are reviewed? What exam findings are there related to the condition?
• **A**ctive **T**reatment: What tests are considered? What are your concerns? When is the next f/u? What is the next f/u plan if condition isn't at goal?