

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 below with specific complication. Asymptomatic hypo/hyperglycemia is not always a complication
 - Do **NOT** use if there are associated complications (CAD/HF, III-V CKD, etc.)
 - This code is to show “hyperglycemia” if needing to check an A1c before the 3-month interval
- ✓ Long Term Insulin Use (Z79.4) – add for each patient on insulin once yearly

Diabetes (WITH Associated Complications)

- ✓ Diabetic Ulcer, Dermatitis, Skin Complications
- ✓ Acute Diabetic Ketoacidosis, Hyperosmolarity
- ✓ Nephropathy (E10.21, E11.21) (if associated CKD stage if III-V, use the “.22” code and add CDK stage)
 - 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, etc.)

Oncology Comorbidities

Add these in if present:

- ✓ Immune suppression
- ✓ Aplastic Anemia
- ✓ Drug-induced polyneuropathy
- ✓ Chemo-induced cardiac issue
 - Arrhythmia, HF, etc.
- ✓ Acute/chronic renal d/t med
- ✓ Pulmonary issue d/t meds
- ✓ Cachexia/wasting
- ✓ Major depression

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 (I12.0, I12.9)
- ✓ Dialysis Status (Z99.2)

Some examples of provider documentation best practices include:

- 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.)
 - “Morbid Obesity” with BMI of 35-39.9 with chronic conditions is OK, but document conditions
- 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 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.

- **Medical Evaluation:** 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?
- **Active Treatment:** 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?