

# Medicare HCC Documentation & Coding Reference Guide

If your patient has any of these problems, document the diagnosis, status, and plan (DSP), and report the corresponding code at least annually.

Examples	ICD-10	CMS	RAF Value	Documentation and Coding Notes
<b>Type 2 Diabetes Mellitus (T2D)</b>				
T2D with diabetic chronic kidney disease (CKD)	E11.22	18	0.302	<ul style="list-style-type: none"> <li>Document diabetes type (type 1 or type 2).</li> <li>Explicitly document causal relationships between diabetes diagnosis and the diabetic complications/manifestation diagnoses using words like diabetic, due to, secondary to, related to, etc. in the assessment/plan.</li> <li>Examples of T2 DM with other specified complications (E11.69) may include DM T2 associated with hyperlipidemia, DM T2 associated with morbid obesity, etc.</li> </ul>
T2D with polyneuropathy	E11.42	18	0.302	
T2D with neurologic complications	E11.4X	18	0.302	
T2D with peripheral vascular disease (PVD)	E11.51	18, 108	0.590	
T2D with circulatory complications	E11.5X	18	0.302	
T2D with hyperglycemia	E11.65	18	0.302	
T2D hypoglycemia, no coma	E11.649	18	0.302	
T2D with ophthalmic complications	E11.33XX	18	0.302	
T2D with mild retinopathy	E11.3219	18	0.302	
T2D retinopathy, proliferative	E11.59X	18	0.302	
T2D with diabetic cataract	E11.36	18	0.302	
T2D with oral complications	E11.6X	18	0.302	
T2D without complications	E11.9	19	0.105	
T2 DM with other specified complications	E11.69	18	0.302	
Long term (current) insulin use	Z79.4	19	0.105	
<b>Hypertension (HTN)</b>				
HTN with congestive heart failure (CHF)	I11.0	85	0.331	<ul style="list-style-type: none"> <li>Utilize combination codes for hypertension with heart and/or kidney disease, with or without heart failure.</li> <li>Isolated essential HTN (I10) has no RAF value.</li> </ul>
HTN + CKD stage 5/end stage renal disease (ESRD)	I12.0	136	0.289	
HTN + CHF + CKD stage 1-4	I13.0	85	0.331	
HTN + CHF + CKD stage 5/ESRD	I13.2	85	0.331	
HTN + heart disease (no CHF) + CKD 5/ESRD	I13.11	136	0.289	
<b>Chronic Kidney Disease (CKD)</b>				
CKD stage 3, unspecified, GFR 30-59	N18.30	138	0.069	<ul style="list-style-type: none"> <li>Include GFR value. No RAF value unless stage 3 or worse, or associated with HIV.</li> </ul>
CKD stage 3a, GFR 45-59	N18.31	138	0.069	
CKD stage 3b, GFR 30-44	N18.32	138	0.069	
CKD stage 4, GFR 15-29	N18.4	137	0.289	
CKD stage 5, GFR <15	N18.5	136	0.289	
ESRD	N18.6	136	0.289	
<b>Morbid Obesity</b>				
Morbid obesity	E66.01	22	0.250	<ul style="list-style-type: none"> <li>Morbid obesity includes BMI 35+ with comorbidities. Provider must document clinical condition (i.e., morbid obesity) to report BMI code. BMI codes are not standalone codes. Only <i>morbid</i> obesity has RAF value; diagnoses of overweight or obese have no RAF value.</li> </ul>
Code BMI if known	Z68.41-45	22	0.250	
<b>Malnutrition</b>				
Protein-calorie malnutrition	E46	21	0.455	<ul style="list-style-type: none"> <li>Malnutrition requires documentation of objective data (e.g. albumin less than 3.4) or subjective data (wasted appearance).</li> </ul>
Cachexia	R64	21	0.455	

Examples	ICD-10	CMS	RAF Value	Documentation and Coding Notes
<b>Chronic Lung Disease</b>				
Chronic respiratory failure	J96.10	84	0.282	<ul style="list-style-type: none"> <li>Smoker's cough = mild chronic bronchitis.</li> <li>For patients who are dependent on supplemental oxygen (SpO2 &lt; 87% on RA), consider that <i>chronic respiratory failure</i> diagnosis risk adjusts in addition to the underlying chronic lung disorder.</li> </ul>
Smoker's cough	J41.0	111	0.335	
COPD, unspecified	J44.9	111	0.335	
Chronic obstructive pulmonary disease (COPD), other	J44.X	111	0.335	
Emphysema	J43.X	111	0.335	
Pulmonary fibrosis	J84.10	112	0.219	
<b>Neurologic Disease / Cerebrovascular Accident (CVA)</b>				
Sequelae and late effects of stroke (hemiplegia, hemiparesis)	I69.XXX	103	0.437	<ul style="list-style-type: none"> <li>For sequelae and late effects of stroke, document cause-and-effect relationship of CVA and specific related deficits.</li> <li>Acute CVA (ICD-10 I63.XXX) should only be documented during the initial episode of care. Post-discharge, document "history of CVA" with or without residual or late effects. History of CVA without residual effects (ICD-10 code Z86.73) has no RAF value. For patients with a history of CVA with residual effects, utilize the appropriate ICD-10 code(s) from codeset I69.XXX.</li> </ul>
Parkinson's disease	G20	78	0.606	
Multiple sclerosis	G35	77	0.423	
Paralysis	G83.9	104	0.331	
Seizure disorder	G40.909	79	0.220	
<b>Cardiac Disease</b>				
CHF	I50.9	85	0.331	<ul style="list-style-type: none"> <li>Consider: a patient's CHF may be controlled and remain stable with medications or surgical interventions (ACEI's, ARB's, diuretics, BBs, digoxin, ICD's, valve replacements, etc.).</li> <li>Consider: a patient's a-fib may be controlled and remain in NSR with surgery, procedures, or medications (cardioversion, ablation, BBs, CCBs, antiarrhythmics).</li> </ul>
Atrial fibrillation	I48.91	96	0.268	
Coronary artery disease with angina	I25.119	88	0.135	
Angina	I20.9	88	0.135	
Unstable angina	I20.0	87	0.195	
Pulmonary hypertension	I27.20	85	0.331	
Cor pulmonale	I27.81	85	0.331	
Cardiomyopathy	I42.9	85	0.331	
Abdominal aortic aneurysm	I71.4	108	0.288	
Aortic atherosclerosis/calcifications	I70.0	108	0.288	
<b>Vascular Disease</b>				
Peripheral vascular disease	I73.9	108	0.288	<ul style="list-style-type: none"> <li>As PVD is often under-documented and under-reported, consider pedal pulse exam in all diabetic and smoker patients.</li> </ul>
Diabetic peripheral vascular disease	E11.51	108	0.288	
Venous stasis ulcers with varicose veins	I83.0	107	0.383	
Chronic venous stasis ulcer	I87.31	107	0.383	
<b>Deep Venous Thrombosis (DVT)</b>				
DVT, acute	I82.40X	108	0.288	<ul style="list-style-type: none"> <li>Consider chronic DVT for anyone on current long-term anti-coagulants for DVT.</li> </ul>
DVT, chronic	I82.50X	108	0.288	
<b>Major Infections</b>				
HIV/AIDS	B20	1	0.335	<ul style="list-style-type: none"> <li>Active infections - serious, systemic, opportunistic, or bone/joint/muscle.</li> </ul>
Sepsis	A41.9	2	0.352	
<b>Chronic Pancreatitis</b>				
Chronic pancreatitis	K86.1	34	0.287	

Examples	ICD-10	CMS	RAF Value	Documentation and Coding Notes
<b>Alzheimer's Disease / Dementia</b>				
Alzheimer's disease with early onset	G30.0	52	0.346	<ul style="list-style-type: none"> <li>When documenting and coding Alzheimer's, add secondary dementia diagnosis code (per ICD-10-CM Coding Guidelines).</li> <li>Dementia codes F03.90 and F03.91 can be used as primary diagnosis codes; no additional codes required.</li> <li>Dementia codes F01.50, F01.51, F02.80, and F02.81 can only be used as secondary diagnosis codes. The underlying disease (i.e. Alzheimer's) should be documented and coded as the primary diagnosis.</li> <li>Dementia and Alzheimer's codes have no RAF value in the institutional setting.</li> </ul>
Alzheimer's disease with late onset	G30.1	52	0.346	
Unspecified Alzheimer's disease	G30.9	52	0.346	
Unspecified dementia without behavioral disturbance	F03.90	52	0.346	
Unspecified dementia with behavioral disturbance	F03.91	51	0.346	
Vascular dementia without behavioral disturbance (secondary code)	F01.50	52	0.346	
Vascular dementia with behavioral disturbance (secondary code)	F01.51	51	0.346	
Dementia in other diseases classified elsewhere without behavioral disturbance (secondary code)	F02.80	52	0.346	
Dementia in other diseases classified elsewhere with behavioral disturbance (secondary code)	F02.81	51	0.346	
<b>Psychiatric Problems</b>				
Major depression, recurrent	F33.9	59	0.309	<ul style="list-style-type: none"> <li>Depression/anxiety, unspecified has no RAF value. For major depressive disorder, document DSM and/or PHQ-9 score. For all psychiatric conditions, indicate any current medications.</li> <li>As Major Depressive Disorder is a life-long condition, consider the use of MDD, in remission even when symptoms are controlled with medication or symptoms are resolved in the current instance, as relapse remains a future potential.</li> </ul>
Major depression, recurrent, in remission	F33.40	59	0.309	
Bipolar disorder	F31.9	59	0.309	
Schizoaffective disorder	F25.9	57	0.524	
Schizophrenia	F20.9	57	0.524	
<b>Substance Use Disorders</b>				
Alcohol dependence	F10.20	55	0.329	<ul style="list-style-type: none"> <li>If patient becomes sober after substance use dependence (whether days or decades), they still carry a diagnosis of substance dependence. Document as drug/alcohol/substance dependence, in remission.</li> <li>When substance use disorder is being followed and managed by another provider, it is still appropriate to include the diagnosis in your final assessment (when condition impacts patient care).</li> </ul>
Alcohol dependence, in remission	F10.21	55	0.329	
Drug abuse	F1X.10	56	0.329	
Drug abuse, in remission	F1X.11	56	0.329	
Drug dependence	F1X.20	55	0.329	
Drug dependence, in remission	F1X.21	55	0.329	
<b>Cirrhosis &amp; Hepatitis</b>				
Alcoholic cirrhosis	K70.30	28	0.363	
Non-alcoholic cirrhosis	K74.60	28	0.363	
Esophageal varices, no bleed	I85.00	27	0.882	
Portal hypertension	K76.6	27	0.882	
Chronic hepatitis C	B18.2	29	0.147	
Chronic hepatitis, unspecified	K73.9	29	0.147	
<b>Cancer</b>				
Breast cancer	C50.9XX	12	0.150	<ul style="list-style-type: none"> <li>Active cancers - new, under treatment, or declining treatment - with documentation of any metastases.</li> <li>Code metastases as "secondary malignancy."</li> </ul>
Prostate cancer	C61	12	0.153	
Lung cancer	C34.9X	9	1.024	
Metastasis to lymph nodes, specified region	C77.X	8	2.659	
Metastasis to kidneys	C79.OX	8	2.659	

Examples	ICD-10	CMS	RAF Value	Documentation and Coding Notes
<b>Hematologic Problems</b>				
Senile purpura	D69.2	48	0.192	<ul style="list-style-type: none"> <li>Document assessed skin bruising in PE and include treatment details such as monitoring, checking platelet count, etc.</li> </ul>
Thrombocytopenia	D69.6	48	0.192	<ul style="list-style-type: none"> <li>Must include lab documentation.</li> </ul>
Myelodysplastic syndrome	D46.9	46	1.372	
Aplastic anemia	D61.9	46	1.372	
Acquired coagulopathy	D68.4	48	0.192	
Immune thrombocytopenic purpura (ITP)	D69.3	48	0.192	
<b>Inflammatory Bowel Disease</b>				
Crohn's disease	K50.90	35	0.308	
Ulcerative colitis	K51.90	35	0.308	
<b>Rheumatologic Problems</b>				
Lupus	M32.9	40	0.421	<ul style="list-style-type: none"> <li>For arthritis, document type and site, as well as any rheumatoid factor when present. Document any underlying diagnoses or conditions or other organ involvement.</li> </ul>
Sicca syndrome (Sjogren's syndrome)	M35.00	40	0.421	
Rheumatoid arthritis	M06.9	40	0.421	
Inflammatory polyarthropathy	M06.4	40	0.421	
Polymyalgia rheumatica	M35.3	40	0.421	
<b>Ophthalmology</b>				
Wet macular degeneration	H35.32	124	0.521	
Proliferative diabetic retinopathy, bilateral	E11.3553	18	0.302	
<b>Trauma</b>				
Concussion without loss of consciousness, sequelae	S06.0X0S	167	0.077	
Head injury with subdural hemorrhage, initial encounter	S06.5X7A	169	0.077	
Hip fracture, initial encounter	M84.459A	167	0.350	
<b>Artificial Opening</b>				
Tracheostomy status	Z93.0	82	1.000	<ul style="list-style-type: none"> <li>Physical presence of stoma must be documented.</li> </ul>
Gastrostomy status	Z93.1	188	0.534	
Colostomy status	Z93.3	188	0.534	
Cystostomy status	Z93.5	188	0.534	
<b>Amputation Status</b>				
Specify site	Z89.4-6	189	0.519	<ul style="list-style-type: none"> <li>Lower limb amputations have RAF value.</li> </ul>
<b>Major Organ Transplant</b>				
Heart transplant status	Z94.1	186	0.832	<ul style="list-style-type: none"> <li>Can be any duration from surgery.</li> </ul>
Lung transplant status	Z94.2	186	0.832	
Liver transplant status	Z94.4	186	0.832	
<b>Excluded common chronic conditions</b>				
Essential hypertension, hyperthyroidism or hypothyroidism, iron deficiency anemia, gastroesophageal reflux, osteoarthritis, and tobacco use.				

Version 1.0 Date: 09/16/2022

This information is for educational purposes only and may not address all of the applicable rules or regulations. Content is valid at the time it is created; however, rules and regulations change on a continuous basis that may make the content obsolete at a later date. The provider is ultimately responsible for providing accurate and compliant information on all submission of claims and/or billing information.