Top 10 Chronic HCCs
(Hierarchical Condition Categories)

1. Vascular Disease
Vascular Disease of Aorta vs Aortic Valve
Atherosclerosis of aorta must clearly distinguish vessel from the valve using “aorta” or location to indicate the vessel. Examples:
- Ascending aortic atherosclerosis
- Atherosclerosis of aortic arch
- Aortic valve stenosis
- Abdominal aortic atherosclerosis
Do not document “Venous insufficiency” if you mean PVD or PAD.

2. Renal Failure
Acute Renal Failure
N17.0 Ac kidney fail, tubr necr
N17.1 Ac kidney fail, cort necr
N17.2 Ac kidney fail, medu necr
N17.8 Acute kidney failure NEC
N17.9 Acute kidney failure NOS
Chronic Kidney Disease
N18.1 Chro kidney dis stage I
N18.2 Chro kidney dis stage II
N18.3 Chr kidney dis stage III
N18.9 Chronic kidney dis NOS
Q61.9 Polycyst kid-autosom rec
I12.0 Mal hyp kid w cr kid V
I12.0 Ben hyp kid w cr kid V
I12.0 Hyp kid NOS w cr kid V
I13.10 Hypertension CKD stage 1-4 or unspec. w/o hf
I13.10 Hypertension CKD stage 1-4 or unspec. w hf
I13.11 Hy ht/kd NOS st V w/o hf
I13.2 Hyp ht/kd NOS st V w hf
N18.4 Chr kidney dis stage IV
N18.5 Chron kidney dis stage V
N18.6 End stage renal disease
N18.9 Renal failure NOS

Chronic Kidney Disease - Document stages of CKD along with evaluation and treatment. Calculated eGFR from labs are recommended to establish CKD stages. Example:
- CKD stage 4, GFR 20, will refer to nephrologist for evaluation
Dialysis Status - Document if patient is on long term dialysis; also, frequency, who they are seeing for treatment, and any complications
Example:
- CKD stage V, currently on dialysis with Dr. Smith, 2xwk, no problems today

3. Congestive Heart Failure
Document type and acuity of the CHF along with ongoing treatment.
Common CHF diagnosis codes seen:
I50.9 CHF
I50.20 Systolic CHF
I50.30 Diastolic CHF

4. COPD
If the following conditions are documented use only code J44.9:
- Chronic Obstructive Pulmonary Disease
- Asthma with chronic obstructive pulmonary disease
- Chronic asthmatic (obstructive) bronchitis
- Chronic bronchitis with airways obstruction
- Chronic bronchitis with emphysema
- Chronic emphysematous bronchitis
- Chronic obstructive asthma
- Chronic obstructive bronchitis
- Chronic obstructive tracheobronchitis
For Emphysema code J43.9.

5. Angina Pectoris
If patient has CAD, does the patient also have Angina? Does the patient take Nitroglycerin?
Evaluate and document all cardiac conditions and any treatment patient is receiving, e.g., Nitro.

6. Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy
Diagnosis codes that fall under this HCC include:
G61.0 Ac infect polyneuritis
G62.89 Neuropathy in other dis
G62.1 Alcoholic polyneuropathy
G62.0 Neuropathy due to drugs
G62.2 Neuropathy toxic agent NEC
G61.81 Chr inflam polyneuritis
G62.81 Crit illness neuropathy
G70.00 Myasthna grvs w/o ac excax
G70.01 Myasthna grvs w ac excax
G70.89 Myasthenia in oth dis

(over)
Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy (cont.)

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7. Specified Heart Arrhythmias

Specify the type of arrhythmia, if known:

- I47.9 Parox tachycardia NOS
- I48.91 Atrial fibrillation
- I48.92 Atrial flutter
- I44.2 Atriovent block complete
- I47.2 Parox ventric tachycard
- I49.5 Sinoatrial node dysfunct

8. Diabetes Without Complication (cont.)

Diabetes with Neurological Manifestations

Examples of clear documentation:
- Polyneuropathy and gastroparesis due to DM 2
- Type 1 diabetic peripheral autonomic neuropathy
- Type 2 diabetic peripheral neuropathy

Diabetes with Peripheral Circulatory Disorders

Examples of clear documentation:
- PAD lower exts. due to DM 2
- Gangrene in great toe due to Diabetic PVD

9. Rheumatoid Arthritis and Inflammatory Connective Tissue Disease

Examples of diagnosis codes for this category:

- M06.9 Rheumatoid arthritis
- M05.00 Felty’s syndrome
- M08.2 Syst rheum arthritis NEC
- M08.0 Juv rheum arthritis NOS
- M08.3 Polyart juv rheum arthr
- M08.4 Pauciart juv rheum arthr
- M12.00 Chr postrheum arthritis
- M05.10 Rheumatoid lung w rheumatoid arthritis
- M06.04 Inflamm polyarthrop NEC
- M13.0 Polyarthritis NOS
- M45.9 Ankylosing spondylitis unspec.
- M46.0 Spinal enthesopathy
- M46.1 Sacroiliitis NEC
- M49.8 Spondylopathy in oth dis
- M46.8 Inflam spondylopathy NEC
- M46.9 Inflam spondylopathy NOS
- M35.3 Polymyalgia rheumatica

10. Ischemic or Unspecified Stroke

**Acute CVA** - Rarely treated in an office setting. Most cases are treated in ER or inpatient setting and followed up with PCP. Documentation that states “history of” CVA for follow up treatment is clearer, as it is no longer an acute event.

**CVA Late Effects** - Document any late effect due to CVA, “Hemiparesis” should not be documented as “R/L sided weakness.” Dominant or non-dominant sides are the important qualifiers to note. Example:
- Hemiparesis, dominant side due to CVA in 2006, stable with no improvement

Documentation and coding tips follow Official Coding Guidelines and CMS Guidelines for Medicare Advantage.