



DELAWARE VALLEY ACO
an accountable care organization



HCC ENDOCRINE SESSION



HIERARCHICAL CONDITION CATEGORY

PURPOSE

The Purpose of Hierarchical Condition Category (HCC) Coding

- To accurately reflect the health of your patient population
 - Risk adjustment scores are higher for a patient with a greater disease burden and less for the healthier patient
 - The diagnosis codes that are reported by your practice on the patient claims determine the patient's disease burden and risk score
 - Chronic Conditions are reported once per year (or more based on visit pattern of the patient and the complexity of their condition)

The Purpose of Hierarchical Condition Category (HCC) Coding (continued)

- There are over 9,700 ICD-10-CM codes that map to one or more of the 86 HCC codes included in the 2021 CMS-HCC Risk Adjustment Model. Examples of Conditions represented include:
 - Amputation
 - Chronic Kidney Disease
 - Chronic Obstructive Pulmonary Disease
 - Coagulation Defects
 - Congestive Heart Failure
 - Malignant Neoplasms
 - Morbid Obesity
 - Peripheral Vascular Disease
 - Others such as MI, CVA, and Fractures

Two Patients, Same Diagnosis, Different Care

5

- Patient A is newly diagnosed with influenza and pneumonia
 - Patient A is 35
 - Patient has no chronic diseases
- Patient B is newly diagnosed with influenza and pneumonia
 - Patient B is 72
 - Patient comorbidities:
 - Diabetes, type 2
 - Chronic bronchitis
 - Emphysema

Two Patients, Same Diagnosis, Different Care (continued)

- Capturing the difference is called risk adjustment
 - If the comorbidities are not documented and coded for Patient B, the true cost of the encounter is not captured
 - Comorbidities bring extra risk, requiring extra utilization of resources
 - Erroneously reporting a more complex diagnosis can lead to overpayment

General HCC Principles

- Code for all conditions that affect or influence patient care, treatment or management
- Code to the highest level of specificity
- Code all chronic conditions at least once annually
- Ensure all conditions are updated in patient's chart based on Summary of Care documents received from hospitals or specialty consults
- Limit the number of "Unspecified" or "Other" codes, unless there is not sufficient clinical information to support a more specific code
- Include additional diagnoses to the appropriate primary diagnoses such as: code BMI with obesity, and code long-term insulin use with diabetes
- Up to (12) ICD-10 codes can be submitted on a claim

Endocrinology HCC Specifics



1	1000	1000	1000	1000	1000
2	2000	2000	2000	2000	2000
3	3000	3000	3000	3000	3000
4	4000	4000	4000	4000	4000
5	5000	5000	5000	5000	5000
6	6000	6000	6000	6000	6000
7	7000	7000	7000	7000	7000
8	8000	8000	8000	8000	8000
9	9000	9000	9000	9000	9000
10	10000	10000	10000	10000	10000
11	11000	11000	11000	11000	11000
12	12000	12000	12000	12000	12000
13	13000	13000	13000	13000	13000
14	14000	14000	14000	14000	14000
15	15000	15000	15000	15000	15000
16	16000	16000	16000	16000	16000
17	17000	17000	17000	17000	17000
18	18000	18000	18000	18000	18000
19	19000	19000	19000	19000	19000
20	20000	20000	20000	20000	20000
21	21000	21000	21000	21000	21000
22	22000	22000	22000	22000	22000
23	23000	23000	23000	23000	23000
24	24000	24000	24000	24000	24000
25	25000	25000	25000	25000	25000
26	26000	26000	26000	26000	26000
27	27000	27000	27000	27000	27000
28	28000	28000	28000	28000	28000
29	29000	29000	29000	29000	29000
30	30000	30000	30000	30000	30000
31	31000	31000	31000	31000	31000
32	32000	32000	32000	32000	32000
33	33000	33000	33000	33000	33000
34	34000	34000	34000	34000	34000
35	35000	35000	35000	35000	35000
36	36000	36000	36000	36000	36000
37	37000	37000	37000	37000	37000
38	38000	38000	38000	38000	38000
39	39000	39000	39000	39000	39000
40	40000	40000	40000	40000	40000
41	41000	41000	41000	41000	41000
42	42000	42000	42000	42000	42000
43	43000	43000	43000	43000	43000
44	44000	44000	44000	44000	44000
45	45000	45000	45000	45000	45000
46	46000	46000	46000	46000	46000
47	47000	47000	47000	47000	47000
48	48000	48000	48000	48000	48000
49	49000	49000	49000	49000	49000
50	50000	50000	50000	50000	50000
51	51000	51000	51000	51000	51000
52	52000	52000	52000	52000	52000
53	53000	53000	53000	53000	53000
54	54000	54000	54000	54000	54000
55	55000	55000	55000	55000	55000
56	56000	56000	56000	56000	56000
57	57000	57000	57000	57000	57000

HCC Endocrinology Categories

- HCC 10: Lymphoma and Other Cancers (Ex: Adrenals Cancers)
- HCC 12: Breast, Prostate and Other Cancers and Tumors (Ex: Pituitary Tumors)
- HCC 17: Diabetes with Acute Complications
- HCC 18: Diabetes with Chronic Complications
 - HCC 88: Angina Pectoris
 - HCC 108: Vascular Disease
 - HCC 134: Dialysis Status
 - HCC 136: Chronic Kidney Disease, Stage 5
 - HCC 137: Chronic Kidney Disease, Stage 4
 - HCC 138: Chronic Kidney Disease, Stage 3
- HCC 19: Diabetes without Complication
- HCC 22: Morbid Obesity
- HCC 23: Other Significant Endocrine and Metabolic Disorders
- HCC 122: Proliferative Diabetic Retinopathy and Vitreous Hemorrhage
- HCC 161: Chronic Ulcer of Skin, Except Pressure
- HCC 189: Amputation Status, Lower Limb/Amputation Complications

Diabetes Mellitus

- Documentation and Coding:
 - Document the type of Diabetes as Type 1 (autoimmune with the patient not producing insulin) or Type 2 (where the patient has low production or insulin resistance)
 - ICD-10-CM assumed a causal link between most Systemic Disorders and Diabetes
 - Includes Neuropathies, Nephropathies, Retinopathies, Cataracts, Osteomyelitis, Periodontal Disease and Skin Ulcer.

Diabetes Mellitus (continued)

- Documentation and Coding:
 - Conditions should be considered Diabetic complications when they coexist with Diabetes
 - Document and code all comorbidities that apply
 - Document when a comorbidity is not due to Diabetes
 - Document if the patient had a Pancreatectomy
 - Document and code if a patient had a Pancreas Transplant: Z94.83
 - Use code Z79.4 to identify long term (current) use of insulin

Coding Diabetes Mellitus & Chronic Kidney Disease

- Coding
 - Use code E11.22 if a patient has both Diabetes Mellitus (type 2) and Chronic Kidney Disease
 - E10.22 (Type 1 Diabetes Mellitus with Diabetic Chronic Kidney Disease)
 - Always use an additional code to identify stage of Chronic Kidney Disease
 - Use codes N18.1-N18.6
 - Use an additional code to identify dialysis status when applicable: Z99.2
 - Coding example: Type 2 Diabetes Mellitus with Chronic Kidney Disease stage 3B
E11.22, N18.32

Stage 1	Kidney damage with normal kidney function	90 or higher	90-100%
Stage 2	Kidney damage with mild loss of kidney function	89 to 60	89-60%
Stage 3a	Mild to moderate loss of kidney function	59 to 45	59-45%
Stage 3b	Moderate to severe loss of kidney function	44 to 30	44-30%
Stage 4	Severe loss of kidney function	29 to 15	29-15%
Stage 5	Kidney failure	Less than 15	Less than 15%

HCC Coding Example 1: Impact of Coding to the Highest Specificity

Example: A 67-year-old female presents with diabetes mellitus, chronic kidney disease and morbid obesity.

ICD-10 Code	Description- No Conditions Coded	HCC Weight
Not coded	Type 2 diabetes mellitus without complications	0.00
Not coded	Chronic kidney disease, unspecified	0.00
Not coded	Obesity, unspecified	0.00
	Demographic Risk Factor (Community, Non Dual, Aged):	0.308
	Total Score:	0.308
	PMPM Payment:	\$246.40
	Medicare expects this patient to cost:	\$2,956.80
ICD-10 Code	Description- Partial Coding	HCC Weight
E11.9	Type 2 diabetes mellitus without complications	0.105
N18.9	Chronic kidney disease, unspecified	0.00
E66.9	Obesity, unspecified	0.00
	Demographic Risk Factor (Community, Non Dual, Aged):	0.308
	Total Score:	0.413
	PMPM Payment:	\$330.40
	Medicare expects this patient to cost:	\$3,964.80
ICD-10 Code	Description- Coding Highest Specificity	HCC Weight
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	0.302
N18.6, Z99.2	End stage renal disease with dependence on renal dialysis	0.435
E66.01, Z68.41	Morbid obesity due to excess calories with a BMI of 40.0-44.9	0.250
	Demographic Risk Factor (Community, Non Dual, Aged):	0.308
	Total Score:	1.301
	PMPM Payment:	\$1,040.80
	Medicare expects this patient to cost:	\$12,489.60

Coding Diabetes Mellitus & Peripheral Vascular Disease

- Coding
 - Use code E11.51 if a patient has both Diabetes Mellitus (type 2) and Peripheral Vascular Disease
 - E10.51 Type 1 Diabetes Mellitus with Diabetic Peripheral Angiopathy without Gangrene
 - Always use an additional code to identify Peripheral Vascular Disease including any complications
 - I73.9, I70.201-I70.269
 - Use an additional code to identify ulceration when applicable
 - Coding Example: Type 2 Diabetes Mellitus with Peripheral Vascular Disease without complications E11.51, I73.9

HCC Coding Example 2: Impact of Coding to the Highest Specificity

Example: A 72 year old male presents for a diabetes mellitus follow up. The patient also has peripheral vascular disease including an ulcer of the left ankle limited to the breakdown of the skin.

ICD-10 Code	Description- No Conditions Coded	HCC Weight
E11.9	Type 2 diabetes mellitus without complications	0.105
Not coded	Peripheral vascular disease	0.00
	Demographic Risk Factor (Community, Non Dual, Aged):	0.394
	Total Score:	0.499
	PMPM Payment:	\$399.20
	Medicare expects this patient to cost:	\$4,790.40
ICD-10 Code	Description- Partial Coding	HCC Weight
E11.51	Type 2 diabetes mellitus without complications	0.302
I73.9	Peripheral vascular disease, unspecified	0.288
	Demographic Risk Factor (Community, Non Dual, Aged):	0.394
	Total Score:	0.984
	PMPM Payment:	\$787.20
	Medicare expects this patient to cost:	\$9,446.40
ICD-10 Code	Description- Coding Highest Specificity	HCC Weight
E11.51	Type 2 diabetes mellitus with diabetic peripheral <u>angiopathy</u>	0.302
I70.243, L97.321	Atherosclerosis of native arteries of left leg with ulceration of ankle limited to breakdown of skin	1.488
	Demographic Risk Factor (Community, Non Dual, Aged):	0.394
	Total Score:	2.184
	PMPM Payment:	\$1,747.20
	Medicare expects this patient to cost:	\$20,966.40

Other Significant Endocrine and Metabolic Disorders

16

- Documentation and Coding
 - Identify any underlying condition
 - Identify if condition is congenital, hereditary, primary, idiopathic, secondary, pseudo and familial if applicable
 - Identify any vitamin, mineral or other nutritional deficiencies
 - HCC Examples:
 - Hyperparathyroidism
 - Hypopituitarism
 - Adrenogenital disorders
 - Cushing Disease

HCC Coding Example 3: Impact of Coding to the Highest Specificity

ICD-10 Coding scenarios associated with these conditions:

Example 1: A 67 year old male presents with diabetes mellitus with a foot ulcer and hyperparathyroidism

ICD-10 Code	Description- Partial Coding	HCC Weight
E11.9	Type 2 diabetes mellitus uncomplicated	0.105
Not coded	Primary hyperparathyroidism	0.00
	Demographic Risk Factor (Community, Non Dual, Aged):	0.308
	Total Score:	0.413
	PMPM Payment:	\$330.40
	Medicare expects this patient to cost:	\$3,964.80
ICD-10 Code	Description- Coding Highest Specificity	HCC Weight
E11.621, L97.422	Type 2 diabetes mellitus with foot ulcer of left heel and midfoot with fat layer exposed	0.817
E21.0	Primary hyperparathyroidism	0.194
	Demographic Risk Factor (Community, Non Dual, Aged):	0.308
	Total Score:	1.011
	PMPM Payment:	\$808.80
	Medicare expects this patient to cost:	\$9,705.60

Morbid Obesity

- Defining Morbid Obesity: The National Institutes of Health (NIH) defines morbid obesity as being 100 pounds or more above the ideal body weight or having a BMI of 40 or greater; or having a BMI of 35 or greater and one or more comorbid conditions.
 - Examples of Obesity related conditions:
 - Diabetes Mellitus
 - Hypothyroidism
 - Cushing's Disease
 - Morbid Obesity code examples:
 - E66.01: Morbid Obesity due to excess calories
 - E66.2: Morbid Obesity with hypoventilation
 - Use an additional code to identify the patients body mass index (BMI) if known:
Z68.35-Z68.45

Common Endocrinology HCCs Including Weights

Common Endocrinology HCCs and ICD-10 Codes Summary				
Category	ICD-10 Diagnosis Code	Code Description	HCC Weight	
HCC 10- Lymphoma and Other Cancers	C74.90	Malignant neoplasm of adrenal gland	0.675	
HCC 12- Breast, Prostate, and Other Cancers and Tumors	D35.2	Benign neoplasm of pituitary gland	0.150	
HCC 17- Diabetes with Acute Complications	E11.10	Type 2 diabetes mellitus with ketoacidosis without coma	0.302	
HCC 18- Diabetes with Chronic Complications *Use additional code from other HCC Category	E10.65	Type 1 diabetes mellitus with hyperglycemia	0.302	
	E11.21	Type 2 diabetes mellitus with diabetic nephropathy	0.302	
	E11.22* N18.4 N18.5 N18.6 Z99.2	Type 2 diabetes mellitus with diabetic chronic kidney disease <ul style="list-style-type: none"> • Chronic kidney disease, stage 4 • Chronic kidney disease, stage 5 • End stage renal disease • Dialysis status 	0.302 <ul style="list-style-type: none"> • 0.289 • 0.289 • 0.289 • 0.435 	
	E11.29	Type 2 diabetes mellitus with other diabetic kidney complication	0.302	
	E11.319	Type 2 diabetes mellitus with diabetic retinopathy w/o macular edema	0.302	
	E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	0.302	
	E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	0.302	
	E11.51* I73.9	Type 2 diabetes mellitus with diabetic peripheral angiopathy w/o gangrene <ul style="list-style-type: none"> • Peripheral vascular disease 	0.302 <ul style="list-style-type: none"> • 0.288 	
	E11.621* L97.411 L97.421	Type 2 diabetes mellitus with foot ulcer <ul style="list-style-type: none"> • Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin • Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin 	0.302 <ul style="list-style-type: none"> • 0.515 • 0.515 	
	E11.65	Type 2 diabetes mellitus with hyperglycemia	0.302	
	HCC 19- Diabetes without complication	E10.9	Type 1 diabetes mellitus without complications	0.105
		E11.9	Type 2 diabetes mellitus without complications	0.105
Z79.4		Long term (current) use of insulin	0.105	
HCC 22- Morbid Obesity	E66.01	Morbid obesity due to excess calories	0.250	
HCC 23- Other Significant Endocrine and Metabolic Disorders	E21.0	Primary hyperparathyroidism	0.194	
	E21.3	Hyperparathyroidism, unspecified	0.194	
HCC 189- Amputation Status, Lower Limb/Amputation Complications	Z89.411	Acquired absence of right leg below knee	0.519	
	Z89.421	Acquired absence of other right toe(s)	0.519	

References

American Medical Association, (2020). ICD-10-CM 2021: The complete official code book. Chicago, IL: American Medical Association.

Centers for Medicare and Medicaid Services. *ICD-10-CM Official Guidelines for Coding and Reporting FY 2021*. <https://www.cms.gov/files/document/2021-coding-guidelines.pdf> . Accessed November 13, 2020.

Fernandez, V. (2017) Ins and Outs of HCCs. *Journal of AHIMA*, 88(6), 54-56.

Harrington, M.K. (2016). Health care finance and the mechanics of insurance and reimbursement. Burlington, MA: Jones and Barlett.

National Kidney Foundation. *Estimated Glomerular Filtration Rate*. <https://www.kidney.org/atoz/content/gfr>. Accessed November 16, 2020.

Sidhu S, Parikh T, Burman KD. Endocrine Changes in Obesity. [Updated 2017 Oct 12]. In: Feingold KR, Anawalt B, Boyce A, et al., editors. Endotext [Internet]. South Dartmouth (MA): MDText.com, Inc.; 2000-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK279053/>