

## HCC Coding Corner | Rehabilitation/Spinal/Pain Management

### HCC categories that are relevant to the Rehabilitation/Spinal/Pain Management specialty:

- HCC 39: Rheumatoid Arthritis and Inflammatory Connective Tissue Disease
- HCC 70: Quadriplegia
- HCC 71: Paraplegia
- HCC 72: Spinal Cord Disorders/Injuries
- HCC 73: Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease
- HCC 74: Cerebral Palsy
- HCC 76: Muscular Dystrophy
- HCC 77: Multiple Sclerosis
- HCC 103: Hemiplegia/Hemiparesis
- HCC 104: Monoplegia, Other Paralytic Syndrome
- HCC 166: Severe Head Injury
- HCC 167: Major Head Injury
- HCC 169: Vertebral Fractures without Spinal Cord Injuries
- HCC 170: Hip Fracture/Dislocation
- HCC 173: Traumatic Amputations and Complications
- HCC 189: Amputation Status, Lower Limb/Amputation Complications

### What Providers Should Do:

- Code for all conditions that affect or influence patient care, treatment or management.
- Code to the highest specificity including any complications

### ICD-10 Coding scenarios associated with these conditions:

**Example:** A 50 year old male presents with a prior Spinal Cord Injury resulting in Paraplegia.

ICD-10 Code	Description- No Conditions Coded	HCC Weight
Not coded	Spinal Cord Injury	0.00
	<b>Demographic Risk Factor (Community, Non Dual, Aged):</b>	<b>0.241</b>
	<b>Total Score:</b>	<b>0.241</b>
	<b>PMPM Payment:</b>	<b>\$192.80</b>
	<b>Medicare expects this patient to cost:</b>	<b>\$2,313.60</b>
ICD-10 Code	Description- Partial Coding	HCC Weight
S14.108S	Injury at C8 level of cervical spinal cord, sequela	0.369
	<b>Demographic Risk Factor (Community, Non Dual, Aged):</b>	<b>0.241</b>
	<b>Total Score:</b>	<b>0.610</b>
	<b>PMPM Payment:</b>	<b>\$488.00</b>
	<b>Medicare expects this patient to cost:</b>	<b>\$5,856.00</b>
ICD-10 Code	Description- Coding Highest Specificity	HCC Weight
S14.108S	Injury at C8 level of cervical spinal cord, sequela	0.739
G82.22	Paraplegia, incomplete	
	<b>Demographic Risk Factor (Community, Non Dual, Aged):</b>	<b>0.241</b>
	<b>Total Score:</b>	<b>0.980</b>
	<b>PMPM Payment:</b>	<b>\$784.00</b>
	<b>Medicare expects this patient to cost:</b>	<b>\$9,408.00</b>

**Example:** A 60 year old female presents for a follow up for a prior Traumatic Brain Injury. The patient has Post Traumatic Seizures

ICD-10 Code	Description- No Conditions Coded	HCC Weight
Not coded	Traumatic Brain Injury	0.00
	<b>Demographic Risk Factor (Community, Non Dual, Aged):</b>	<b>0.271</b>
	<b>Total Score:</b>	<b>0.271</b>
	<b>PMPM Payment:</b>	<b>\$216.80</b>
	<b>Medicare expects this patient to cost:</b>	<b>\$2,601.60</b>
ICD-10 Code	Description- Partial Coding	HCC Weight
Z87.820	Personal history of traumatic brain injury	0.00
	<b>Demographic Risk Factor (Community, Non Dual, Aged):</b>	<b>0.271</b>
	<b>Total Score:</b>	<b>0.271</b>
	<b>PMPM Payment:</b>	<b>\$216.80</b>
	<b>Medicare expects this patient to cost:</b>	<b>\$2,601.60</b>
ICD-10 Code	Description- Coding Highest Specificity	HCC Weight
S06.2X1S	Diffuse traumatic brain injury with loss of consciousness of 30 minutes or less, sequela	0.044
R56.1	Post traumatic seizures	0.196
	<b>Demographic Risk Factor (Community, Non Dual, Aged):</b>	<b>0.271</b>
	<b>Total Score:</b>	<b>0.511</b>
	<b>PMPM Payment:</b>	<b>\$408.80</b>
	<b>Medicare expects this patient to cost:</b>	<b>\$4,905.60</b>

**Coding Tip:** Coding History of Traumatic Brain Injury vs Follow up Traumatic Brain Injury  
Code subsequent traumatic brain injuries for patients that are receiving active treatment of the condition during the healing or recovery phase. Code sequela (late effects) for complications that arise as a direct result of the condition. If a patient does not have any late effects or active treatment then a personal history of traumatic brain injury (Z87.820) should be coded to indicate that a previous TBI occurred.

<https://www.ncbi.nlm.nih.gov/books/NBK542610/>