



HCC CARDIOLOGY SESSION







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
 - Diabetes
 - Malignant Neoplasms
 - Morbid Obesity
 - Peripheral Vascular Disease
 - Others such as MI, CVA, and Fractures





Two Patients, Same Diagnosis, Different Care

- 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:
 - o 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



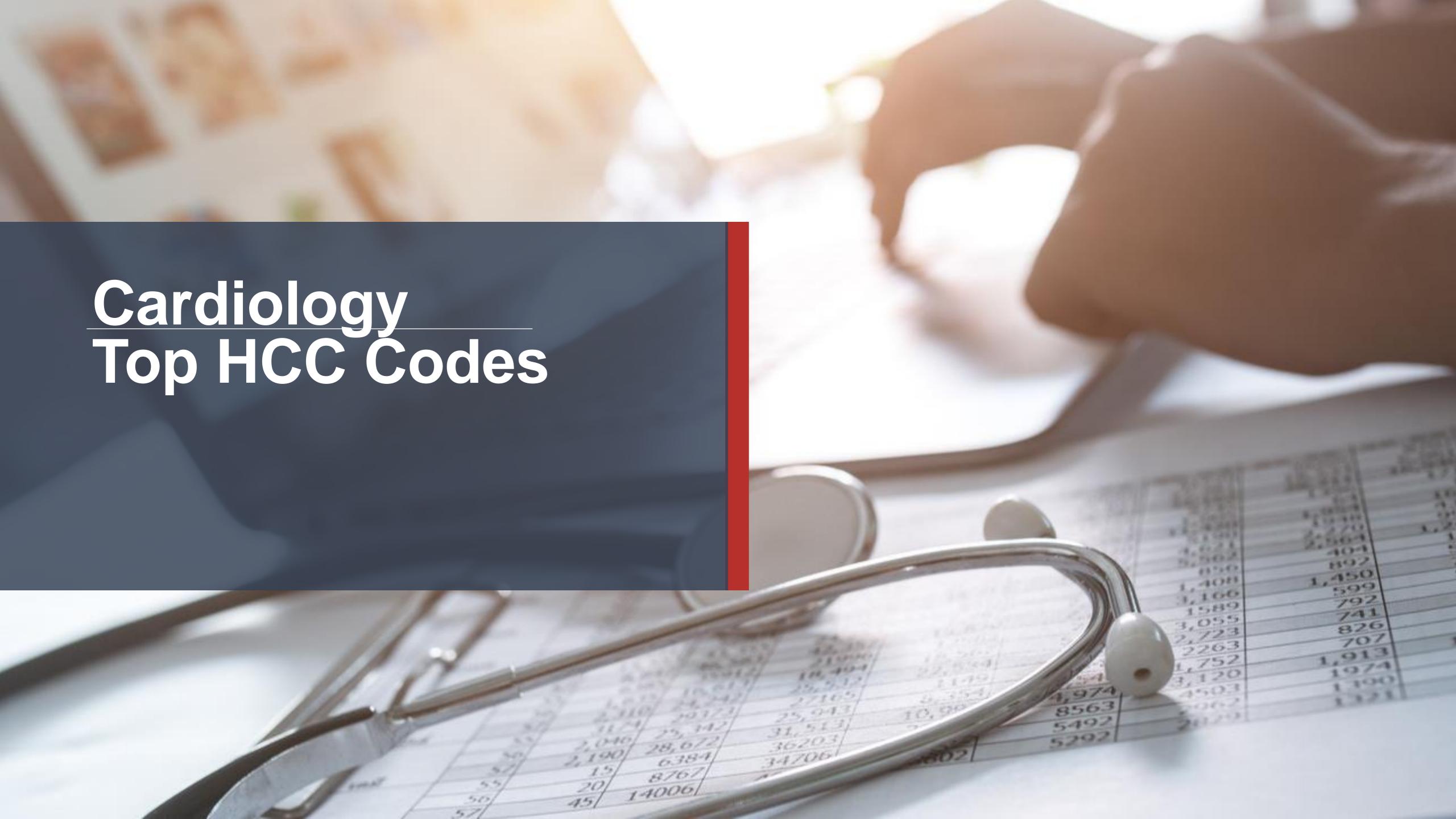


General HCC Principles

- 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







Coronary Artery Disease

Coding

- Code Coronary Artery Disease to the highest specificity including any complications:
 - Atherosclerotic heart disease of native coronary artery with unstable angina pectoris I25.110
 - Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm I25.111
 - Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris I25.118
 - Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris I25.119
- Coronary Artery Disease without angina pectoris I25.10 is not a part of the Risk Adjustment model





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

Example: A 68 year old male presents with Coronary Artery Disease, uncontrolled type II Diabetes Mellitus and a BMI of 39.

ICD-10 Code	Description- Partial Coding	HCC Weight		
I25.10	Atherosclerotic heart disease NOS	0.00		
E11.9	Type 2 Diabetes Mellitus uncomplicated	0.105		
Z68.39	BMI of 39.0-39.9	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:			
ICD-10 Code	Description- Coding Highest Specificity	HCC Weight		
I25.10	Atherosclerotic heart disease NOS	0.00		
E11.65	Type 2 Diabetes Mellitus uncontrolled	0.302		
E66.01, Z68.39	Morbid obesity due to excess calories with a BMI of 39.0-39.9	0.250		
	Demographic Risk Factor (Community, Non Dual, Aged):	0.308		
	Total Score:	0.860		
	PMPM Payment:	\$688.00		
	Medicare expects this patient to cost:	\$8,256.00		





Acute Myocardial Infarction

- Coding
 - An AMI is considered "acute" for 4 weeks from the time of the incident
 - Code to the highest specificity including the following areas:
 - Type
 - Location
 - Initial or subsequent event
 - After 4 weeks and 1-day Old Myocardial Infarction should be coded I25.2
 - Old Myocardial Infarction I25.2 is not a part of the Risk Adjustment Model





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

Example: An 82 year old male presents for a 2 week follow up from an AMI. Other chronic conditions include hypertension and congestive heart failure.

ICD-10 Code	Description- Partial Coding	HCC Weight		
125.2	Old Myocardial Infarction	0.00		
I10	Hypertension	0.00		
NOT CODED	Congestive Heart Failure			
	Demographic Risk Factor (Community, Non Dual, Aged):			
	Total Score:			
	PMPM Payment:			
	Medicare expects this patient to cost:			
ICD-10 Code	Description- Coding Highest Specificity	HCC Weight		
I21.4	NSTEMI Myocardial Infarction	0.195		
I11.0	Hypertensive Heart Disease with Heart Failure	vith Heart Failure 0.331		
150.22	Chronic Systolic (Congestive) Heart Failure			
	Demographic Risk Factor (Community, Non Dual, Aged):			
	Total Score:	1.082		
	PMPM Payment:	\$865.60		
	Medicare expects this patient to cost:	\$10,387.20		





Hypertension

Coding

- There is a causal relationship between Heart Failure and Hypertension
 - A common error is coding I50 (Heart Failure) and I10 (Hypertension)
- If the documentation states Hypertension and Heart Failure coexist, then code I11 (Hypertensive Heart Disease) or I13 (Hypertensive Heart and Chronic Kidney Disease) if CKD is documented and not ascribed to another cause
 *An additional code is used to specify type of heart failure
- If Heart Failure is not due to Hypertension, document the cause of the Heart Failure as to not associate it with being Hypertensive Heart Disease
- I10 (Hypertension) is not a part of the Risk Adjustment model





Heart Failure

- Documentation and Coding
 - Document and code the type of Heart Failure
 - Severity: Systolic, Diastolic or Combined
 - Cause: Acute, Chronic or Acute on Chronic
 - Left Ventricular
 - Document and code the cause of Heart Failure
 - Hypertension
 - Following surgery
 - Specified code example: I50.22 Chronic Systolic (Congestive) Heart Failure





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

Example: A 70 year old female presents with Congestive Heart Failure, Hypertension and Chronic Kidney Disease, stage 4.

ICD-10 Code	Description- Partial Coding	HCC Weight		
150.22	Chronic Systolic (Congestive) Heart Failure	0.331		
I10	Hypertension	0.00		
N18.9	Chronic Kidney Disease, unspecified	0.00		
	Demographic Risk Factor (Community, Non Dual, Aged):			
	Total Score:			
	PMPM Payment:			
	Medicare expects this patient to cost:			
ICD-10 Code	Description- Coding Highest Specificity	HCC Weight		
150.22	Chronic Systolic (Congestive) Heart Failure	0.331		
I13.0	Hypertensive Heart and Chronic Kidney Disease with Heart Failure			
N18.4	Chronic Kidney Disease, stage 4	0.289		
	Interaction between CHF and CKD	0.156		
	Demographic Risk Factor (Community, Non Dual, Aged):	0.386		
	Total Score:	1.162		
	PMPM Payment:	\$929.60		
	Medicare expects this patient to cost:	\$11,115.20		





Paroxysmal Tachycardia

Coding

- Code Paroxysmal Tachycardia to the highest specificity; examples includes:
 - Ren-entry ventricular arrhythmia I47.0
 - Supraventricular Tachycardia I47.1
 - Ventricular Tachycardia 147.2
 - Paroxysmal Tachycardia, unspecified I47.9
- o Tachycardia, unspecified R00.0 is not a part of the CMS Risk Adjustment model





HCC Coding Example 4: Impact of Coding to the Highest Specificity

Example: A 79 year old female presents with coronary artery disease with unstable angina pectoris. The patient has also a diagnosis of ventricular tachycardia.

ICD-10 Code	Description- Partial Coding	HCC Weight			
125.10	Atherosclerotic heart disease NOS	0.00			
R00.0	Tachycardia, unspecified	0.00			
	Demographic Risk Factor (Community, Non Dual, Aged):				
	Total Score:				
	PMPM Payment:				
	Medicare expects this patient to cost:				
ICD-10 Code	Description- Coding Highest Specificity	HCC Weight			
125.110	Atherosclerotic heart disease of native coronary artery with	0.195			
	unstable angina pectoris				
147.2	Ventricular Tachycardia	0.268			
	Demographic Risk Factor (Community, Non Dual, Aged):				
	Total Score:	0.914			
	PMPM Payment:	\$731.20			
	Medicare expects this patient to cost:	\$8,774.40			





Additional HCC Cardiology Conditions

- Atrial Fibrillation
- Atrial Flutter
- Cardiomyopathy
- Sick Sinus Syndrome
- Aortic Aneurysm with or without rupture
- Dissection of Aorta
- Angina Pectoris
- Unstable Angina
- Heart Transplant Status





Common Cardiology HCCs Including Weights

Common Cardiology HCCs and ICD-10 Codes Summary					
Category	ICD-10 Diagnosis Code	Code Description	HCC Weight		
	I11.0	Hypertensive heart disease with heart failure	0.331		
	I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	0.331		
HCC85- Congestive Heart Failure	I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	0.331		
	I42.0	Dilated cardiomyopathy	0.331		
	I50.22	Chronic systolic (congestive) heart failure	0.331		
	I50.9	Heart Failure unspecified	0.331		
HCC86- Acute Myocardial Infarction	I21.9	Acute Myocardial Infarction	0.195		
HCC87- Unstable Angina and Other Acute Ischemic Heart Disease	I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris	0.195		
HCC88- Angina Pectoris	I20.9	Angina pectoris, unspecified	0.135		
	I47.1	Supraventricular tachycardia	0.268		
	I47.9	Paroxysmal tachycardia	0.268		
	I48.0	Paroxysmal atrial fibrillation	0.268		
HCC96- Specified Heart	I48.91	Atrial fibrillation unspecified	0.268		
Arrhythmias	I48.92	Atrial flutter	0.268		
	I49.5	Sick sinus syndrome	0.268		
HCC107- Vascular Disease with Complications	I71.00	Dissection of aorta	0.383		
	I70.0	Atherosclerosis of aorta	0.288		
HCC96- Specified Heart	I71.2	Thoracic aortic aneurysm, without rupture	0.288		
Arrhythmias	I71.4	Abdominal aortic aneurysm, without rupture	0.288		
HCC186- Major Organ Transplant or Replacement Status	Z94.1	Heart transplant status	0.832		





References

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