



**BlueShield**  
of Northeastern New York

# 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**

**Q61.19 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**

**I13.0 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	Neurpthy toxic agent NEC
G61.81	Chr inflam polyneuritis
G62.81	Crit illness neuropathy
G70.00	Mysthna grvs w/o ac exac
G70.01	Myasthna gravs w ac exac
G70.89	Myasthenia in oth dis

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

Diagnosis codes that fall under this HCC include:

G70.1	Toxic myoneural disorder
G70.80	Lambert-Eaton synd NOS
G73.1	Lambert-Eaton synd neopl
G70.89	Lambert-Eaton syn ot dis
G70.89	Myoneural disorders NEC
G70.9	Myoneural disorders NOS

## 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

DM code E11.9 without mention of complications, is appropriate at times, however if complications exist, code to the specific complication and manifestations.

**When documenting diabetes, it's important to note the following:**

- Type of diabetes, type 1 or type 2 or secondary
- ICD10 does not recognize type 1.5 and coding rules say it is to be coded as type 2
- If secondary DM, document what the cause is or primary condition along with secondary diabetes
- Indicate if patient is on long-term use of insulin (Z79.4)

### Diabetes with Renal Manifestations

Examples of clear documentation:

- "CKD stage 4 due to DM 2"
- "Type 1 Diabetic CKD stage 5, on long term dialysis 3xwk with Dr. Smith, no problems at this time"

### Diabetes with Ophthalmic Manifestation

Diabetic patients should have diabetic eye exams annually.

Examples of clear documentation:

- Blindness due to DM 1
- Type 1 diabetic proliferative retinopathy

## 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	Pauciar juv rheum arthr
M12.00	Chr postreum arthritis
M05.10	Rheumatoid lung w rheumatoid arthritis
M06.04	Inflam polyarthrop NEC
M13.0	Polyarthrit 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.



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