

## Year-end HCC focus: chronic kidney disease, diabetes mellitus and heart failure

Now is the time to ensure your patients' chronic conditions are accurately documented and coded for 2025 HCC capture. Specific documentation supports quality patient care, helps close outstanding HCC gaps and ensures accurate risk adjustment scoring.

Below are specific callouts for chronic kidney disease, diabetes mellitus and heart failure, as well as general reminders and actions to satisfy HCC coding requirements for these conditions.

### Chronic kidney disease (CKD)

- Always document the current stage (e.g., CKD stage 3a, 3b, 4 or 5).
  - **Important:** The stage cannot be inferred or captured from lab results alone and must be specifically documented.
- Clearly indicate the condition is **active** ("Patient has CKD stage 3b") rather than historical ("History of CKD").
- **Link associated conditions** when present and related to CKD: hypertensive CKD, diabetic CKD or CKD with heart failure.
- Include relevant **lab review and management plan** (eGFR, albuminuria, medication adjustments, nephrology referral).
- If applicable, document **dialysis status or transplant** and include management details.
- **End-of-year tip:** Confirm CKD has been addressed at least once in 2025.

### Diabetes mellitus

- Specify the **type** (e.g., Type 1, Type 2)
- Document and link **complications** and **manifestations** clearly rather than listing them as separate, unrelated diagnoses. (e.g., Type 2 diabetes mellitus with nephropathy).
  - **Important:** Include diagnoses representing all conditions.
- Document that the condition is **active and managed**, not just listed in the history section.
- Capture **current treatment** (insulin, oral agents, dietary management) and note how it affects care.
- Describe severity and laterality when appropriate (e.g., diabetic foot ulcer, left heel, with necrosis of muscle).
- **End-of-year tip:** When seeing patients with diabetes in 2025, ensure the condition and complications are specifically documented and coded.

## Heart failure

- Specify the **type and acuity**: systolic (HFrEF), diastolic (HFpEF), combined, acute, chronic, or acute on chronic.
- When clinically supported, **link associated conditions**: “hypertensive heart disease with chronic systolic heart failure” or “heart failure due to ischemic cardiomyopathy.”
- Include key management notes (e.g., GDMT regimen, recent EF, monitoring plan).
  - **Important**: Reflect any **recent symptoms or exacerbations** to show ongoing management.
- Avoid “history of” terminology unless truly resolved.
- **End-of-year tip**: Ensure heart failure was addressed during a 2025 encounter and coded at the highest level of specificity.

## General HCC and risk adjustment reminders

- **Reassess chronic conditions annually**: Each active condition must be evaluated, documented and coded at least once per calendar year.
- **Be specific**: Avoid unspecified codes. Instead of “CKD,” document “CKD stage 3b.” Instead of “diabetes,” use “Type 2 diabetes mellitus with neuropathy.”
- **Include clinical relevance**: Note how each condition affects management or decision-making.
- **Problem list analysis**: Review and update the list regularly. Remove resolved conditions or update to “history of”, add active diagnoses and ensure accuracy.

## Year-End actions

- Verify every condition a patient has, noting its stage, type and associated complications.
- Consider updating documentation templates to prompt for specificity (e.g., CKD stage \_\_, HF type \_\_).
- Confirm documentation reflects active management and treatment.
- Check any coding and quality dashboards that may be utilized to ensure all chronic conditions are captured.

**Complete and accurate documentation supports quality care, patient outcomes and appropriate reimbursement.** Thank you for your continued partnership in ensuring the best outcomes for our patients. For additional information on these and other conditions, please review provider resources at [www.securityhealth.org/providers/hcc](http://www.securityhealth.org/providers/hcc).