2024 Hierarchical Condition Category (HCC) coding opportunities closing

As the end of the year is fast approaching, opportunities to close 2024 HCC coding and care gaps are becoming less. You may want to contact patients who haven't been seen this year to schedule an appointment to receive recommended evaluations, preventive services, and care.

Keep the following HCC coding tips in mind as you provide services:

1. Document and code all conditions that you evaluate or have an impact on decision making in the care of the patient. Chronic diseases like diabetes, heart failure, kidney disease and COPD are likely to be impactful to almost all health conditions.

2. Be specific and clarify any complications or modifying factors in your patient's diagnosis.

    - Diabetic complications: Specify all that exist and impact patient management. For example, did you encourage the patient to schedule an annual eye exam due to retinopathy? Additional complications, such as nephropathy, neuropathy, etc. are each associated with an HCC outside of the diabetes category and should be documented and coded when present.

    - Type of heart failure, is the condition associated with hypertension or renal disease?

    - Chronic kidney disease: What is the stage? The stage can't be inferred based on lab results and must be explicitly stated by the provider. Does the patient also have hypertension or heart disease, if yes, document and code as hypertensive kidney or hypertensive heart and kidney disease.

    - Vascular disease: What is the specific diagnosis? Is the condition associated with claudication, ulcer, or amputation?

3. Has the patient been followed in specialty care or by other therapists?

    - Atrial fibrillation and chronic DVT/PE medications are often managed by anticoagulation care centers. However, nurses and technicians are not acceptable provider types for HCC coding and the diagnosis must be documented and coded annually by an acceptable provider.
    - Retinopathy or macular degeneration: Have they seen an ophthalmologist?

- Heart failure: Is the patient managed by a heart failure center? Similar to atrial fibrillation, nurses and technicians are not acceptable provider types for HCC coding and the diagnosis must be documented and coded annually by an acceptable provider.

4. What is the purpose of the patient's medications?

    - Albuterol or other inhalers: Does the patient have asthma, COPD, or other pulmonary conditions?
    - Anticoagulants: Does the patient have chronic DVT/PE or atrial fibrillation? Do they have a primary or secondary hypercoagulable state?
    - Immunotherapy: Is the patient post-transplant or do they have rheumatoid arthritis or an immune disorder?

5. Clarify the difference between current and past medical conditions.

    - Add details in the PMH related to a condition's status, treatment or management that show it is active.
    - Specify that the patient "has" a condition rather than a "history of" a condition that is current when documenting them in HPI

The following table includes the top 5 HCC categories with the highest number of open gaps in Security Health Plans Medicare Advantage population on August 1, 2024.

HCC	Category description and common diagnoses
108	Vascular disease
138	Chronic kidney disease stage 3
85	Congestive heart failure
96	Specified heart arrhythmias
59	Major depression

Prevalent diagnoses within the top five HCC categories listed above include the following:

HCC 108/Vascular Disease

1. Diabetes mellitus type 1 or 2 with angiopathy
   - With or without ulcer, gangrene, or leg pain
   - Location
   - Severity

2 . Atherosclerosis of the lower extremity
   - Location
     - Right, left, or bilateral
     - Type of vessel, native or type of graft
   - With rest pain or intermittent claudication

3. Aneurysm, ectasia, or dissection
   - Location/vessel

4. Peripheral vascular disease (PVD) – note that intermittent claudication codes the same ICD 10 code as PVD
   - Location
     - Right, left, or bilateral

5. Chronic embolism or thrombosis
   - Abnormality (PE/DVT)
   - Vessel involved
     - Right, left, or bilateral

HCC 138/Chronic Kidney Disease Stage 3

1. Stage 3a or 3b

HCC 85/Congestive Heart Failure

1. Heart failure
   - Acute, chronic, or acute on chronic
   - Systolic, diastolic, combined
   - Right, biventricular, high output, or end-stage

2. Hypertensive heart disease, with
   - Chronic kidney disease
     - stage

- Heart failure
  - Specify type (noted in first bullet above)

3. Cardiomyopathy
   - Dilated, obstructive hypertrophic, hypertrophic, or ischemic
   - Due to other condition

HCC 96/Specified Heart Arrhythmias

1. Atrial fibrillation
   - Paroxysmal, persistent, permanent, or chronic

2. Tachycardia
   - Ventricular, SVT or paroxysmal

3. Sick sinus syndrome

4. Atrial flutter
   - Typical or atypical

HCC 59/Major Depression

1. Major depression
   - Single or recurrent episode
   - Severity – mild, moderate, or severe
   - Remission status – partial or full
   - With or without psychotic symptoms

2. Mood disorder

There are many other HCC categories beyond the top five listed above. Most electronic health records have tools embedded within them to help providers identify and clarify diagnosis coding on their patients. Please utilize these tools when available.

Additional HCC documentation and coding information is available on the Security Health Plan Provider webpage: https://www.securityhealth.org/providers