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HCC Coding Update – Diabetes



What is HCC coding?



Hierarchical condition category (HCC) coding

- HCC coding is based on patient complexity.
- HCC codes represent costly chronic health conditions, as well as some severe acute conditions.
- Along with demographic factors (such as age and gender), insurance companies use HCC coding to assign patients a risk adjustment factor (RAF) score.
- Patients with high HCCs are expected to require intensive medical treatment, and clinicians that enroll these high-risk patients are reimbursed at higher rates than those with enrollees who have low HCCs.*



When should I include these HCC diagnoses?



Remember to include the appropriate HCC diagnosis codes whenever you are:

- A. Managing the specific problem during the visit
 - evaluating, ordering tests, prescribing medications, sending a referral, etc.

- B. Assessing the stability of the problem at the visit (even if it is being managed by an outside specialist)

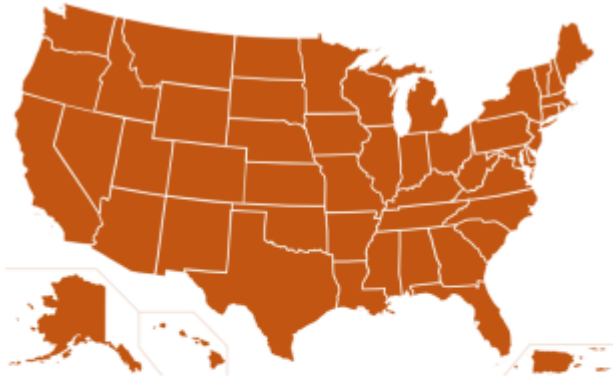
-OR-

- C. The problem directly impacts your medical decision making
 - You want to prescribe steroids, but the patient is diabetic.
 - You want a contrast imaging study, but the patient has CKD.

HCC Coding for Diabetes



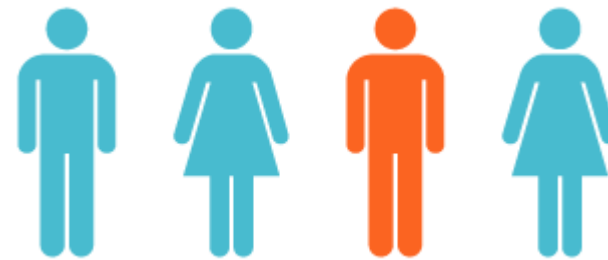
United States Diabetes Mellitus Statistics*



37.3 million Americans had diabetes in 2019

7th leading cause of death in the U.S

\$327 Billion in medical costs in the U.S. in 2017



29% of Seniors over 65 have diabetes

1.4 million new cases annually



*Source: American Diabetes Foundation 5/17/22

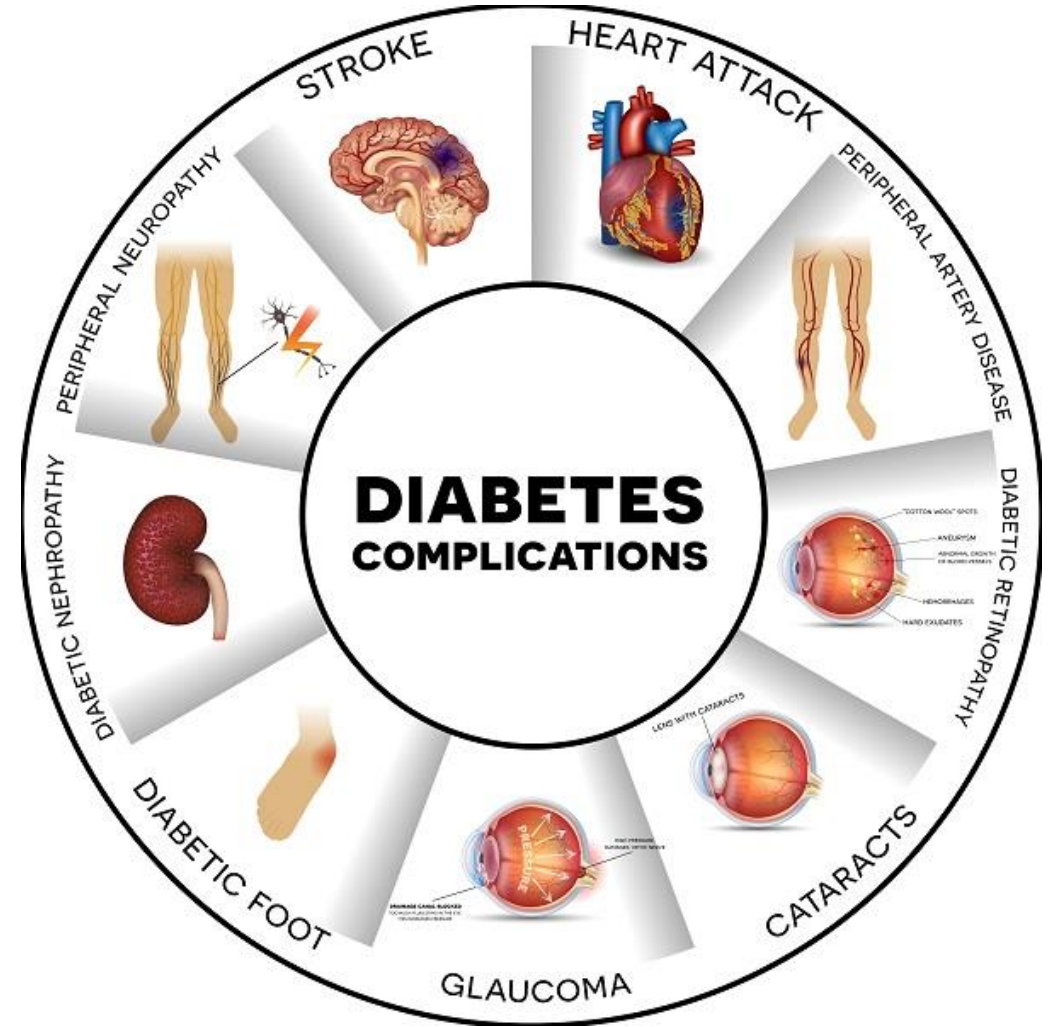
Main Types of Diabetes

Type 1
diabetes

Type 2
diabetes

Gestational
diabetes

Patients with chronic diabetes often have complications of their disease that should be considered when documenting and coding for your visit.

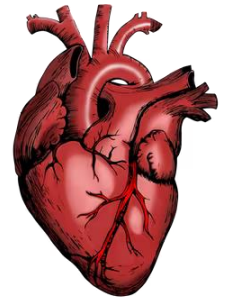


Diabetes complications may include:

- Diabetes with ophthalmic complications (retinopathy, cataracts, macular edema)



- Diabetes with cardiovascular complications (coronary artery disease, peripheral vascular disease)

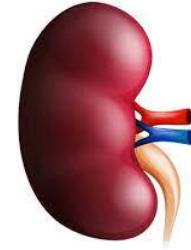


- Diabetes with neurological complications (peripheral neuropathy, gastroparesis)

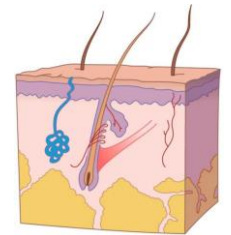
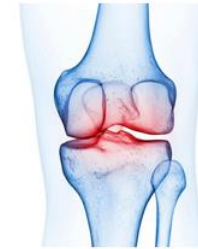


- See appendix slides for further information

- Diabetes with renal complications (nephropathy, CKD)



- Diabetes with MSK or dermatologic complications (arthropathy, dermatitis, foot ulcer)

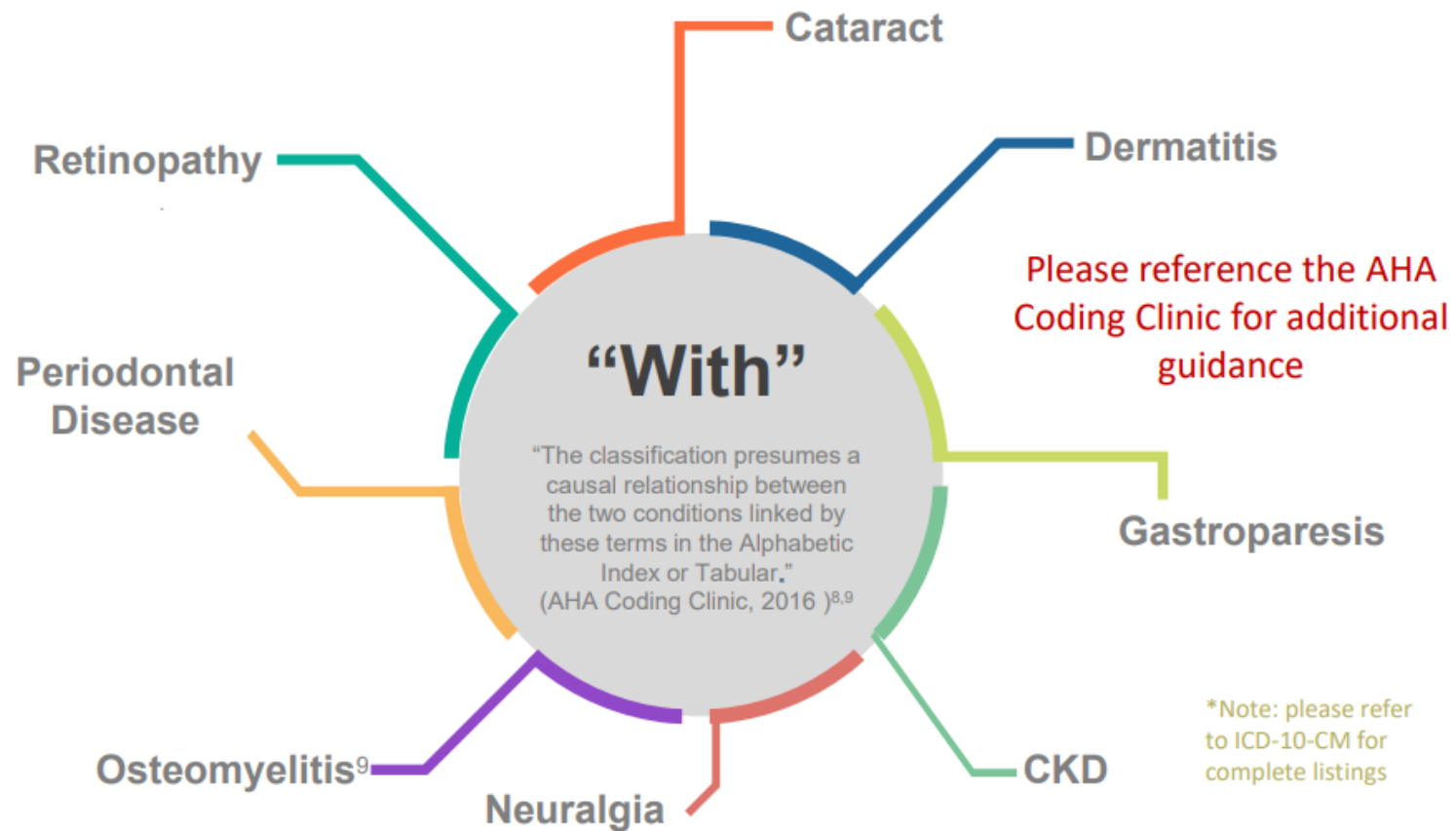


- Diabetes with other specified complications (periodontal disease, hyperglycemia, hypoglycemia)



- See appendix slides for further information

ICD-10-CM Coding Guidance



Make sure to code for both the diabetes with the specific complication (i.e., ophthalmic, circulatory, renal, neurologic) AND for the complication itself. For example:

- Diabetes with nephropathy[E11.21]
- Proteinuria [R80.9]



Using the most specific diagnosis when coding for your visits can have a significant impact on reimbursement.



Example

- A 68-year-old female with DM2 and bilateral lower extremity peripheral neuropathy is seeing you for shortness of breath. She has a history of CHF and her BMI is 38.2.

Scenario 1	Scenario 2
Type 2 Diabetes w/o complications (E11.9)	Type 2 Diabetes with diabetic polyneuropathy (E11.42)
Obesity, unspecified (E66.0)	Morbid obesity (E66.01)
Dyspnea (R06.0)	Systolic CHF (I50.2)
Approx Budget = \$4,200/year	Approx Budget = \$13,200/year

Example

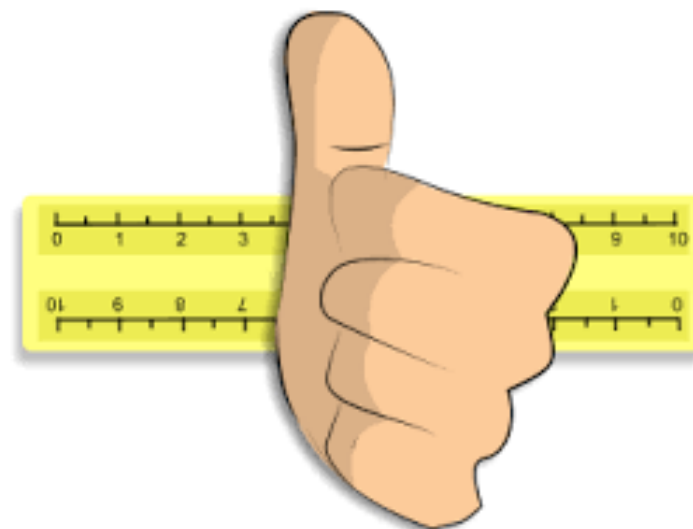
- A 66-year-old male with DM2 and a BMI of 40.1 is seeing you in the office for nocturia. His urine dip shows evidence of proteinuria. You review the medical record and discover that he had a similar finding 5 months ago at his physical.

Scenario 1	Scenario 2
Type 2 Diabetes w/o complications (E11.9)	Type 2 Diabetes with nephropathy (E11.21)
Proteinuria (R80.9)	Proteinuria (R80.9)
Obesity, unspecified (E66.0)	Morbid obesity (E66.01)
Approx Budget = \$4,000/year	Approx Budget = \$8,300/year

Rules of Thumb

- Code more specifically when possible
- Code for everything addressed and documented
 - **Include diseases that impacted decision making**
 - CKD impacting medication choices
 - DM impacting whether to prescribe steroids
- Code chronic conditions yearly

*Although chronic conditions are ongoing, providers must document a patient's chronic condition and recapture the ICD-10 code annually to maintain the patient's HCC risk score. This includes amputations and ostomies.





	RAF Score
Type 2 Diabetes w/o complications (E11.9)	0.105
Type 2 Diabetes with ophthalmic complications (E11.3)	0.302
with unspecified diabetic retinopathy (E11.31)	
with mild / moderate / severe non-proliferative diabetic retinopathy (E11.32/33/34)	
with proliferative diabetic retinopathy (E11.35)	0.524
with diabetic cataract (E11.36)	
with diabetic macular edema (E11.311)	
with other diabetic ophthalmic complication (E11.39)	
Type 2 Diabetes with circulatory complications (E11.5)	
with diabetic peripheral angiopathy without gangrene (E11.51)	0.59
with diabetic peripheral angiopathy with gangrene (E11.52)	1.79
with other circulatory complications (E11.59)	0.302

	RAF Score
Type 2 Diabetes with neurologic complications (E11.4)	0.302
with unspecified diabetic neuropathy (E11.40)	
with diabetic mononeuropathy (E11.41)	
with diabetic polyneuropathy (E11.42)	
with gastroparesis (E11.43)	
with erectile dysfunction (N52.1)	
with other diabetic neurological complication (E11.49)	

Type 2 Diabetes with renal complications (E11.2)	0.302
with diabetic nephropathy (E11.21)	
with chronic kidney disease [specify stage] (E11.22)	
with other diabetic kidney complication (E11.29)	

	RAF Score
Type 2 Diabetes with Other Specified Complications (E11.69)	0.302
with diabetic arthropathy (E11.618)	
with diabetic neuropathic arthropathy (E11.610)	
with other diabetic arthropathy (E11.618)	
with diabetic dermatitis (E11.620)	
with foot ulcer [specify site] (E11.621)	0.817
with other skin ulcer [specify site] (E11.622)	0.817
with periodontal disease (E11.630)	
with other oral complications (E11.63)	
with hypoglycemia (E11.64)	
with hyperglycemia (E11.65)	