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**HCC Coding Update – Chronic Kidney Disease
(CKD)**



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 Chronic Kidney Disease



United States CKD Statistics*



Diabetes and hypertension are responsible for 2/3 of CKD cases.

37 million Americans adults have CKD.

Heart disease is the primary cause of death for all people with CKD.

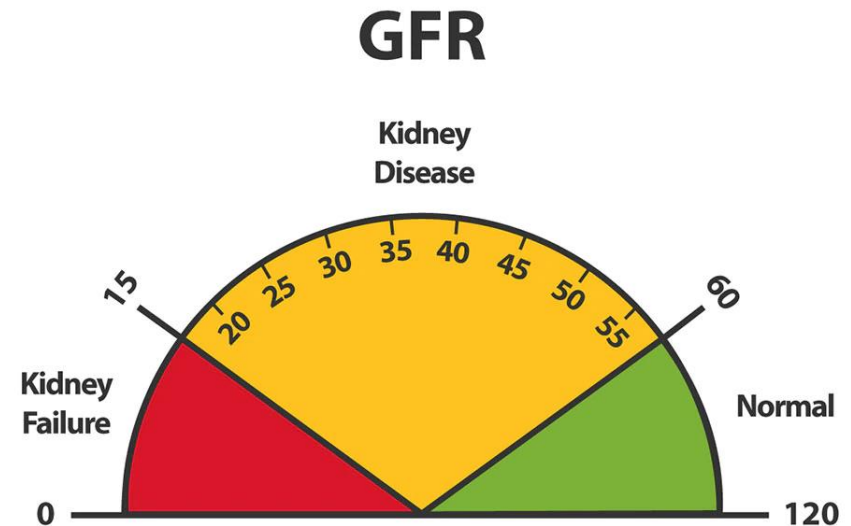


38% of seniors over 65 have CKD

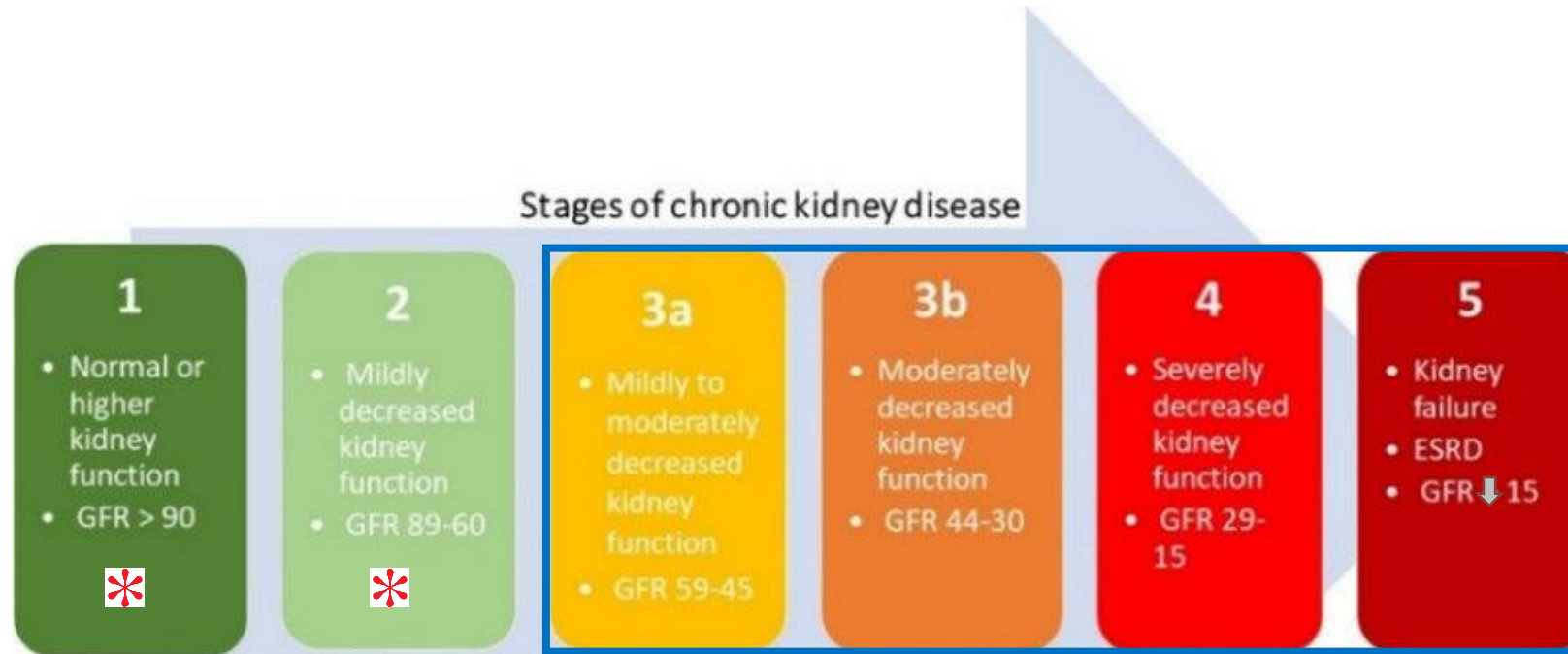


What is the Criteria for CKD?

According to the National Kidney Foundation, CKD is defined as abnormalities of kidney structure or function, **present for >3 months**, with implications for health.

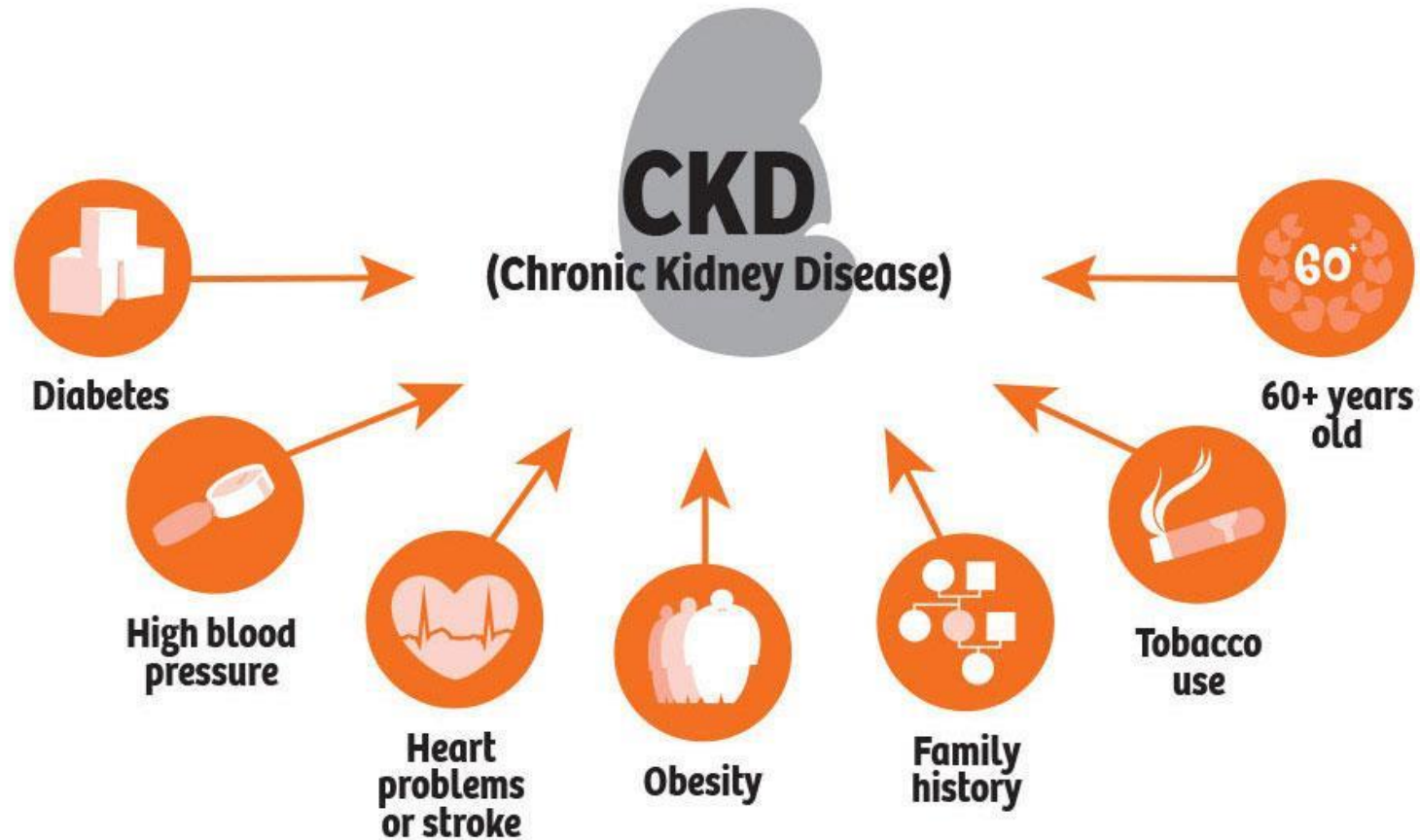


What are the stages of CKD?



* There is no additional HCC value for CKD stage 1 or 2

What are risk factors for CKD?



Make sure to code for both the stage of the chronic kidney disease AND the associated risk factor(s).

For example:

- CKD Stage 4[N18.4]
- Essential Hypertension [I10]
- Morbid Obesity [E66.01]



Secondary Hyperparathyroidism

- Additionally, secondary hyperparathyroidism is common in CKD and is present in the majority of patients with eGFR <60 mL/min.*
- The recommendation is to monitor all CKD patients for the development of secondary hyperparathyroidism by measuring circulating parathyroid hormone (PTH) concentration.*
- Secondary hyperparathyroidism in CKD patients has additional RAF value and should be coded as [N25.81].



* <https://www.uptodate.com/contents/management-of-secondary-hyperparathyroidism-in-adult-nondialysis-patients-with-chronic-kidney-disease>

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



Example

- A 66-year-old male with DM2 and a BMI of 40.1 is seeing you in the office for nocturia. Lab studies reveal proteinuria and a GFR of 56. You review the medical record and discover that his previous GFR 6 months ago at his physical was 59.

Scenario 1	Scenario 2
Nocturia (R35.1)	Nocturia (R35.1)
	CKD Stage 3 (N18.3)
Type 2 Diabetes w/o complications (E11.9)	Type 2 Diabetes with chronic kidney disease (E11.22)
Obesity, unspecified (E66.0)	Morbid obesity (E66.01)
Approx Budget = \$4,000/year	Approx Budget = \$8,900/year

Example

- A 70-year-old female smoker with hypertension and CKD presents for her regular follow-up visit. Her BMI is 38.2. Labs completed last week reveal hyperphosphatemia, mild hypocalcemia, vitamin D deficiency and an elevated PTH. Her GFR was 52.

Scenario 1	Scenario 2
Essential Hypertension (I10)	Essential Hypertension (I10)
CKD, unspecified (N18.9)	CKD Stage 3 (N18.3)
	Secondary Hyperparathyroidism (N25.81)
Obesity, unspecified (E66.0)	Morbid obesity (E66.01)
Approx Budget = \$3,700/year	Approx Budget = \$8,600/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.

