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HCC Coding Update – Long term use of anticoagulants



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:

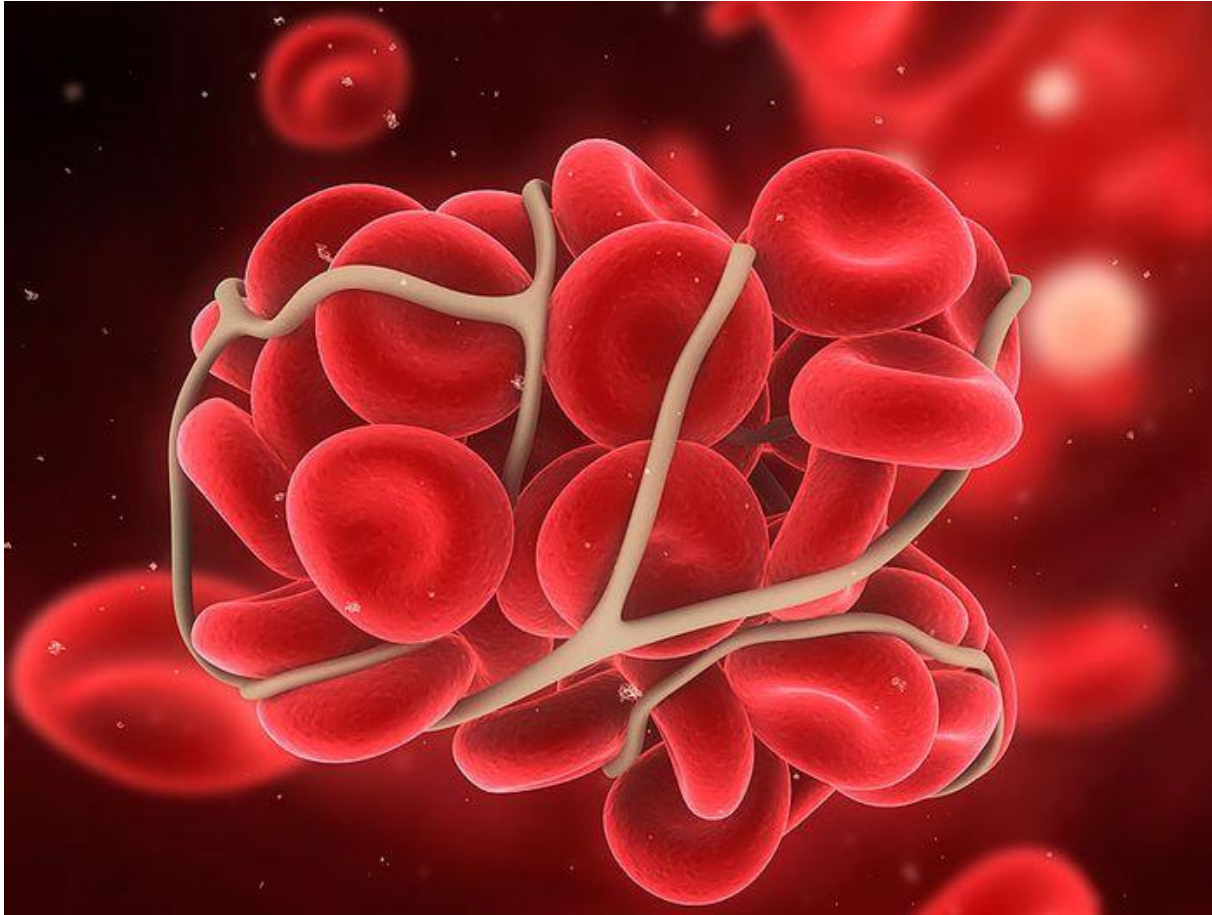
- A. Managing the specific problem during the visit
 - evaluating, ordering tests, prescribing medications, sending a referral, etc.

- 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.

Coding for Long Term Anticoagulant Use



United States Anticoagulant Use Statistics



More than eight million people in the United States are currently taking a blood thinner medication.

[IBM Truven Health Analytics, October 24, 2019]

Warfarin has been the mainstay of oral anticoagulant therapy for nearly 70 years. *

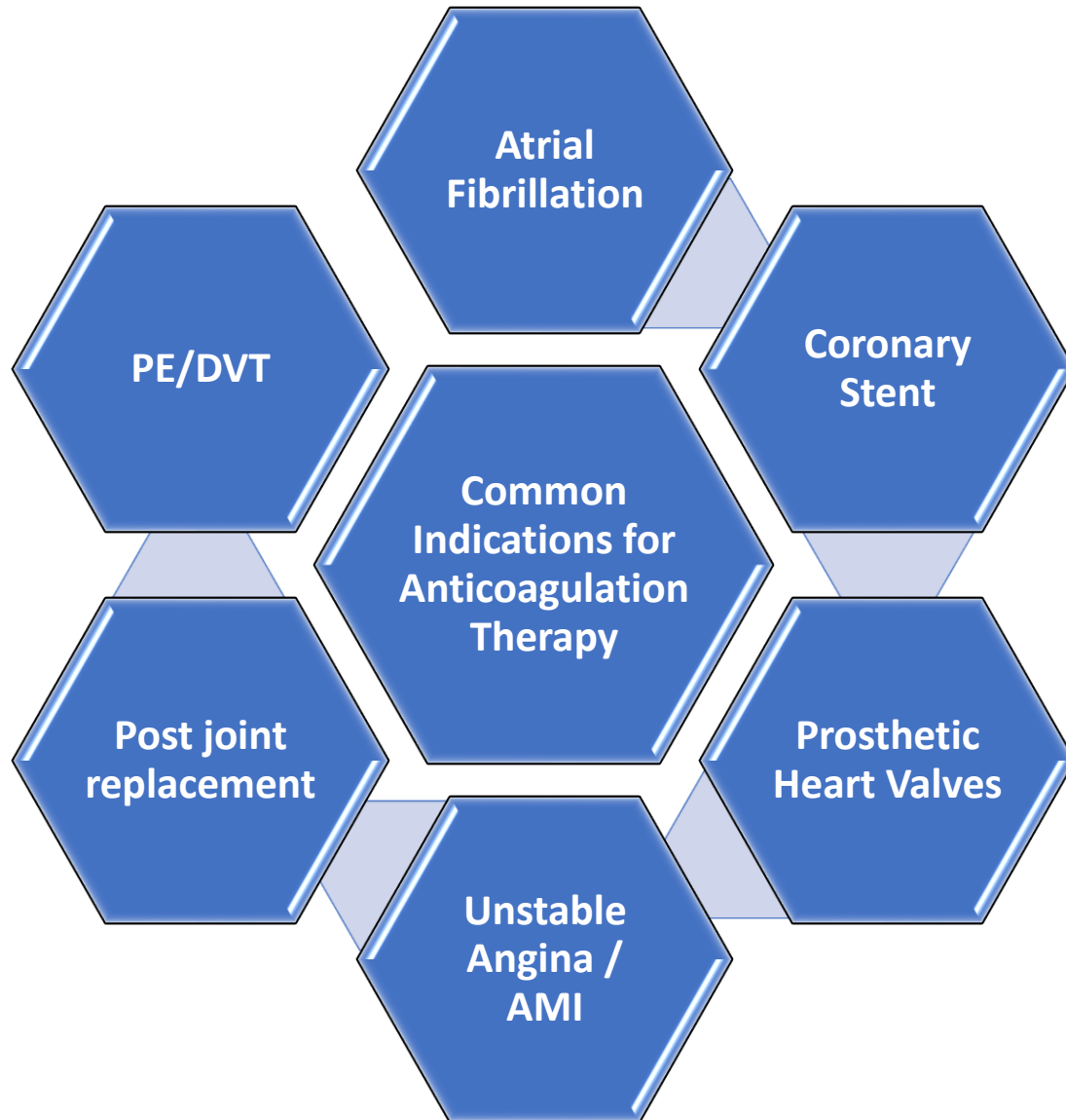
Direct oral anticoagulants (DOACs) reached the market in 2010 and are associated with lower bleeding risks and decreased monitoring compared with warfarin, but also higher costs.

[AMA Health Forum. 2021]



In 2018, nearly 1 in 5 prescribers in general medical specialties continued to prescribe warfarin as the only anticoagulant to Medicare beneficiaries. *

*Source: jamanetwork.com, 12/6/21



Some patients with **primary** (generally inherited) and **secondary** (generally acquired) thrombophilias may also be treated with anticoagulants.



Primary hypercoagulable states include:

- antithrombin III deficiency
- protein C and S deficiencies
- abnormalities of the fibrinolytic system
- dysfibrinogenemias

Secondary hypercoagulable states include:

- Malignancy
- Pregnancy
- Oral contraceptives
- Atrial Fibrillation
- Prolonged immobilization
- Myeloproliferative disorder
- Trauma
- Vascular anomaly
- Vascular device (stents, catheters, prosthetic valves)

The ICD-10-CM Code for Other thrombophilia **D68.69** has HCC value and may be used to specify conditions or terms like acquired thrombophilia, thrombophilia associated with pregnancy, thrombophilia due to acquired protein c deficiency, thrombophilia due to antineoplastic agent therapy, thrombophilia due to drug therapy , thrombophilia due to hormone therapy, etc.

<https://icdlist.com/icd-10/D68.69>

Hierarchical Condition Categories



Make sure to code for both the diagnosis
AND the Other Thrombophilia code.

For example:

- Chronic Myeloproliferative Disease [D47.1]
- Other thrombophilia [D68.69]



Additionally, in your documentation, you should explain the rationale for the secondary hypercoagulable state:

“Secondary hypercoag- CHADS₂vasc > 1. Patient requiring coumadin for secondary hypercoagulable state. Continue to monitor coumadin levels to ensure patient in therapeutic range. Stable.”



There are also ICD-10-CM codes available for:

- Long term Use of Anticoagulants (Z79.01)
- Long term Use of Antithrombotics/Antiplatelets (Z79.02)
- Long term (current) Use of Aspirin (Z79.82)



*Although there is no additional risk adjustment for these “Z codes”, they are a separate billable/specific ICD-10-CM code that can be used for reimbursement purposes.

Brand Name	Chemical Name	Drug Class	Long term use code
Aggrenox®	Dipyridamole/ASA	Antiplatelet	Z79.02/Z79.82
Arixtra®	Fondaparinux	Anticoagulant	Z79.01
Brilinta®	Ticagrelor	Antiplatelet	Z79.02
Coumadin®	Warfarin	Anticoagulant	Z79.01
Heparin	Heparin	Anticoagulant	Z79.01
Effient®	Prasugrel	Antiplatelet	Z79.02
Eliquis®	Apixaban	Anticoagulant	Z79.01
Plavix®	Clopidogrel	Antiplatelet	Z79.02
Pletal®	Cilostazol	Antiplatelet	Z79.02
Pradaxa®	Dabigatran	Anticoagulant	Z79.01
Ticlid®	Ticlopidine	Antiplatelet	Z79.02
Xarelto®	Rivaroxaban	Anticoagulant	Z79.01

Make sure to code for both the diagnosis AND the appropriate long-term anticoagulant / antiplatelet / aspirin use code.

For example:

- Coronary Artery Disease [I25.10]
- Long Term Use of Aspirin [Z79.82]



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



Example

- A 67-year-old male with chronic atrial fibrillation is seeing you in the office for routine follow-up. He has been taking his Warfarin as directed and his INRs have stayed in the therapeutic range. The patient has tried to lose weight. His BMI is 42.

Scenario 1	Scenario 2
Chronic atrial Fibrillation (I48.2)	Chronic atrial Fibrillation (I48.2)
	Other Thrombophilia (D68.69)
Obesity, unspecified (E66.0)	Morbid obesity (E66.01)
Approx Budget = \$5,500/year	Approx Budget = \$9,800/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.

