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COMMUNITIES TOGETHER.**

YOUR PARTNER IN CARE

HCC Coding Update – Heart Disease



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:

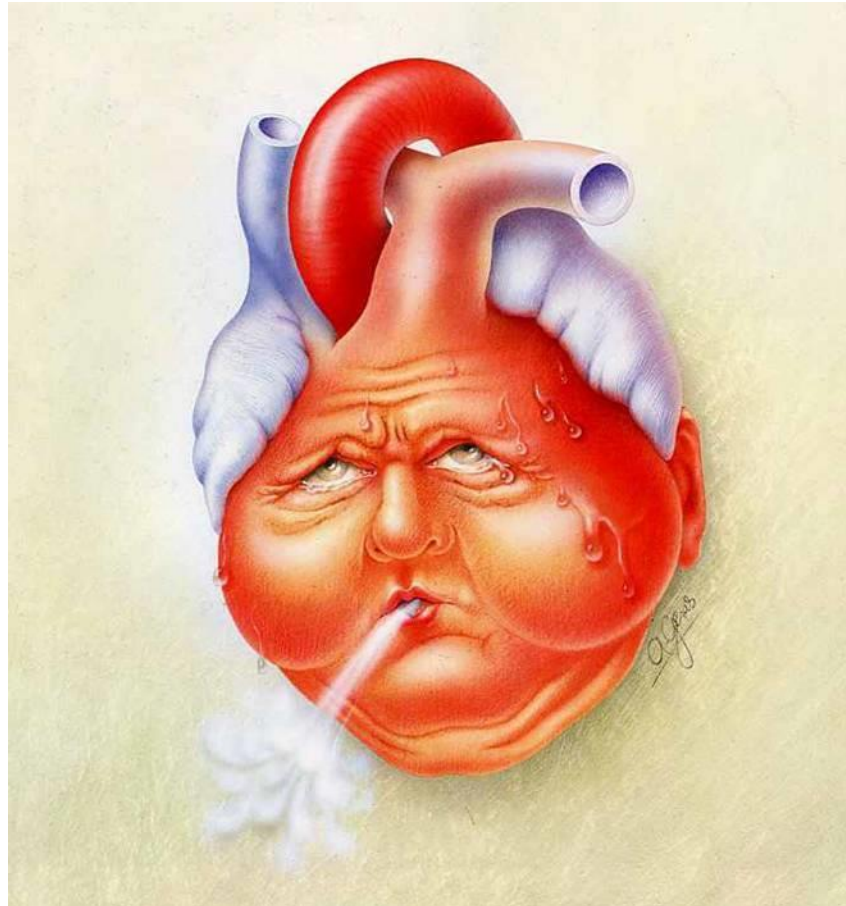
- A. Managing the specific problem during the visit
 - evaluating, ordering tests, prescribing medications, sending a referral, etc.

- 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 Heart Disease



United States Heart Disease Statistics*



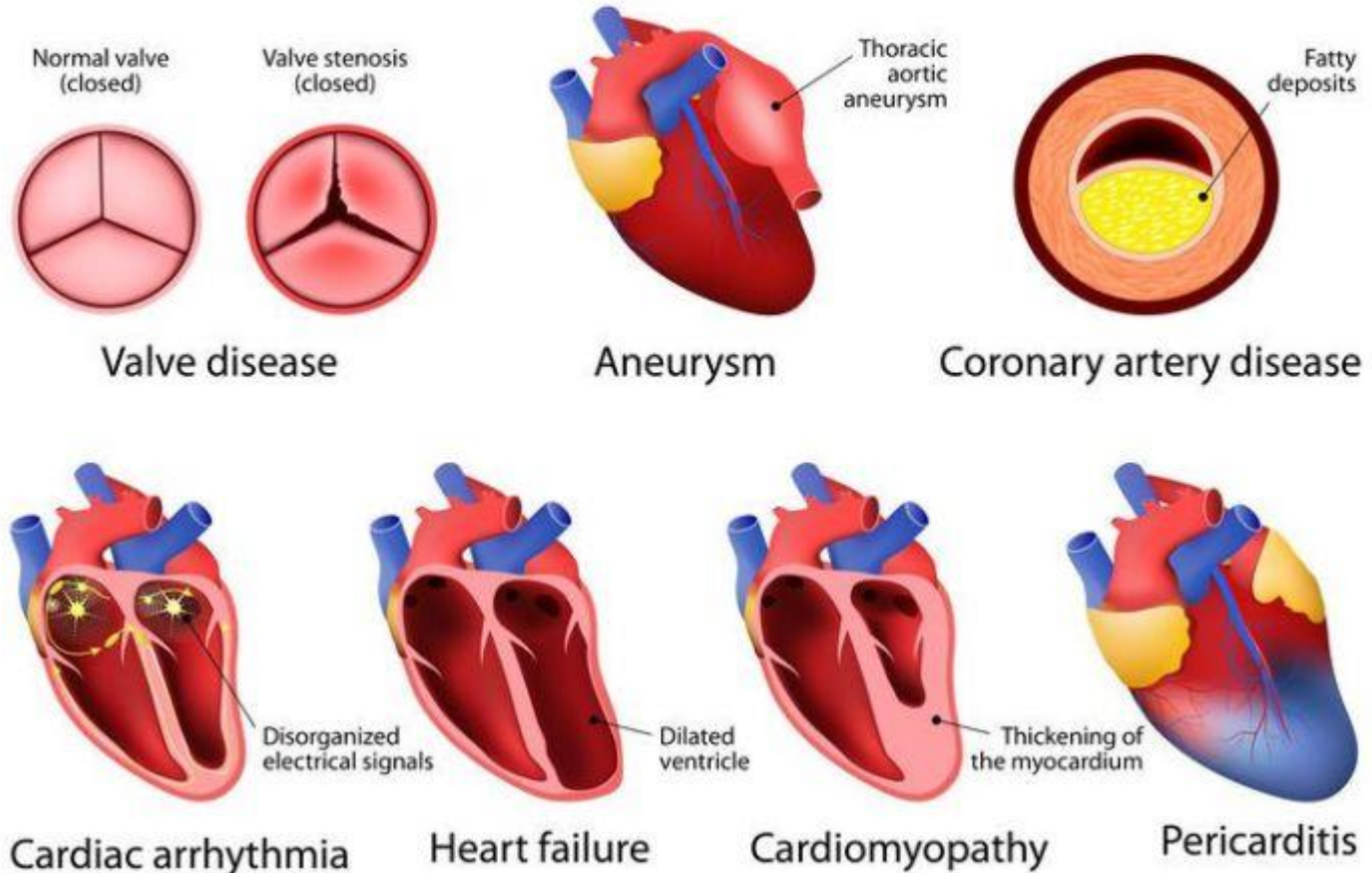
Heart disease is the **leading cause of death** for men, women, and people of most racial and ethnic groups in the United States.

About 18.2 million adults age 20 and older have Coronary Artery Disease.

About 659,000 people in the United States die from heart disease each year—that's 1 in every 4 deaths.



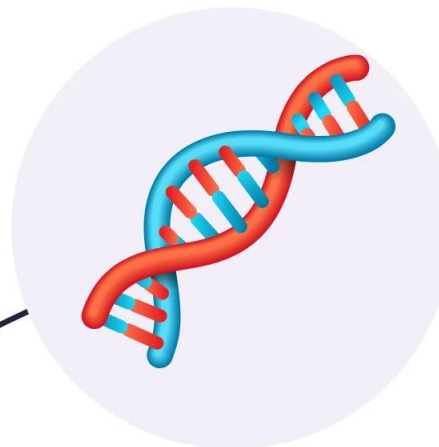
Types of heart disease



Age



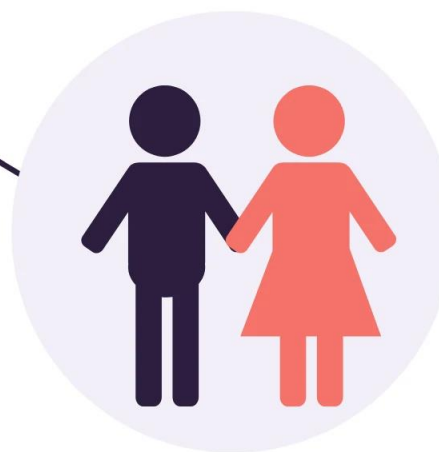
Genetics



**Non
Modifiable
Factors**



Ethnicity



Sex

Heart disease risk factors you can control



Diabetes



**Heavy
Drinking**



**High Blood
Pressure**



**High
Cholesterol**



**Physical
Inactivity**



**Lack of
Sleep**



**Sleep
Apnea**



**Being
Overweight**



Smoking

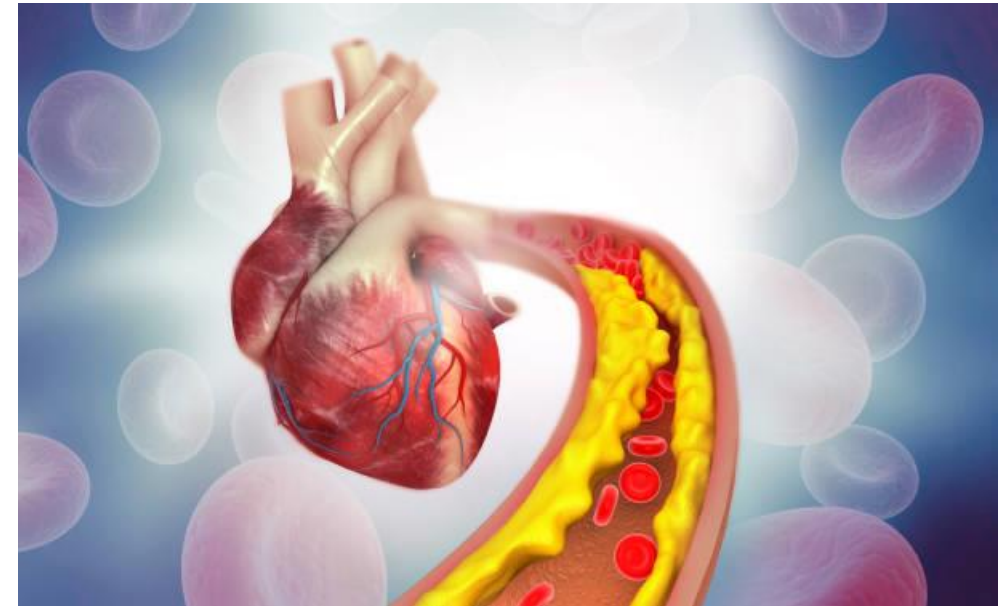


Stress



HCC Coding for Heart Disease

- There is no risk adjustment for Valvular Heart Disease [I08] or asymptomatic Coronary Artery Disease [I25.10].
- However, there is risk adjustment for Aortic Atherosclerosis [I70.0] which is commonly noted on imaging studies.



HCC Coding for Heart Disease

Consider using the following diagnoses:

- Coronary Artery Disease with Unspecified Angina [I25.119]
- Congestive Heart Failure [I50.9]
- Cardiomyopathy [I42.9]
- PSVT [I47.1]
- Atrial Fibrillation [I48.91]
- Sick Sinus Syndrome [I49.5]

Make sure to code for both the type of heart disease AND the associated risk factor(s).

For example:

- Diastolic Heart Failure[I50.30]
- Essential Hypertension [I10]
- Morbid Obesity [E66.01]



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



Example

- A 65-year-old male with hypertension, DM2, hyperlipidemia, and a BMI of 40 is seeing you in the office for routine follow-up. He had a MI two years ago and is also followed by cardiology. You review his most recent echocardiogram which showed an EF of 45%.

Scenario 1	Scenario 2
Hypertension (I10)	Hypertension (I10)
Type 2 Diabetes w/o complications (E11.9)	Type 2 Diabetes with hyperlipidemia (E11.69)
Hyperlipidemia (E78.5)	Diastolic Heart Failure [I50.30]
Obesity, unspecified (E66.0)	Morbid obesity (E66.01)
Approx Budget = \$4,000/year	Approx Budget = \$12,600/year

Example

- A 69-year-old female with hypertension, hyperlipidemia and angina presents for her regular follow-up visit. Her BMI is 38.2. She has known CAD and saw her cardiologist last month. She is taking her medications as directed and has only used her nitro once this month.

Scenario 1	Scenario 2
Essential Hypertension (I10)	Essential Hypertension (I10)
Hyperlipidemia (E78.5)	Hyperlipidemia (E78.5)
	Coronary Artery Disease with Unspecified Angina [I25.119]
Obesity, unspecified (E66.0)	Morbid obesity (E66.01)

Approx Budget = \$3,100/year

Approx Budget = \$6,800/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.

