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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.



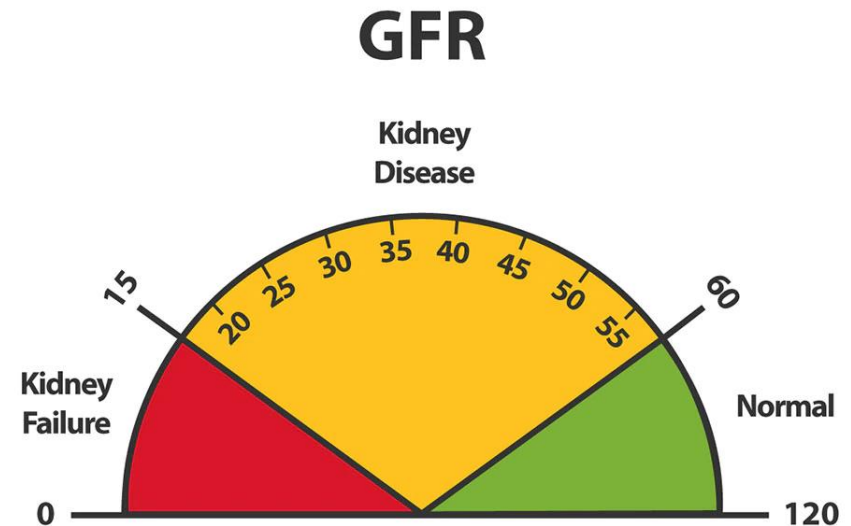
38% of seniors over 65 have CKD



\*Source: National Kidney Foundation and the CDC 5/25/22

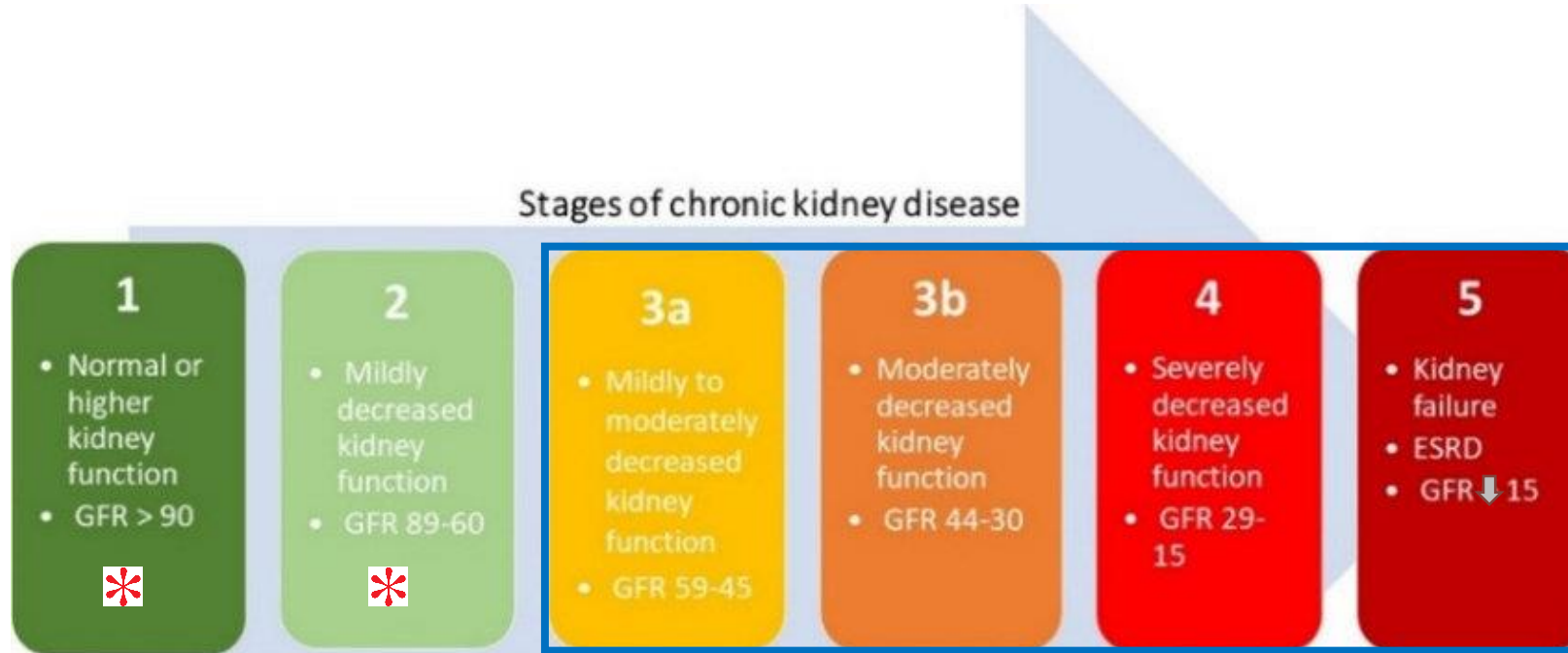
# What is the Criteria for CKD?

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



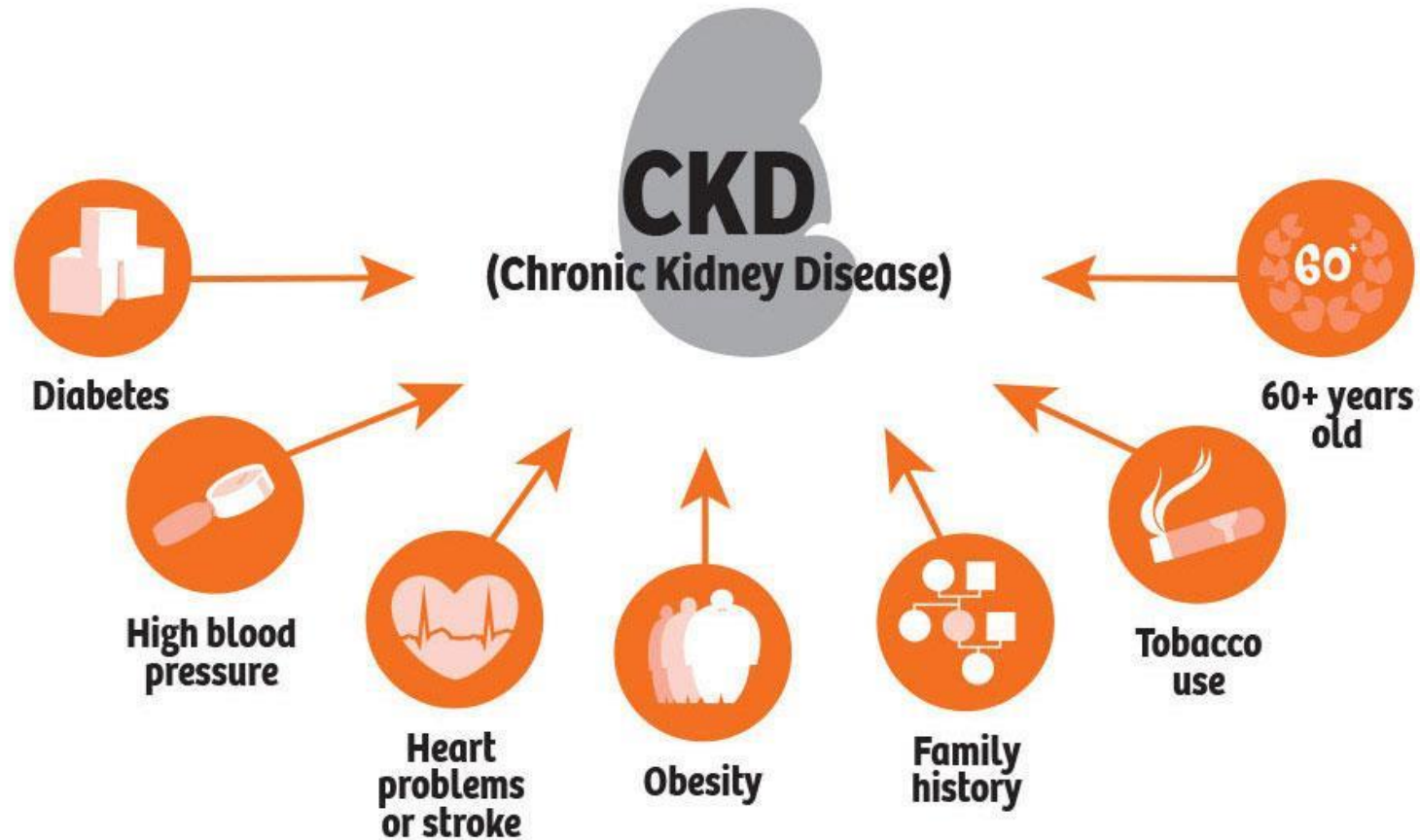


# What are the stages of CKD?



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

# What are risk factors for CKD?



# 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 stage 3 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
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 = \$8,000/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.

