

OVERLOOKED CONDITIONS

DIAGNOSIS, CLINICAL DOCUMENTATION & CODING

Identifying and evaluating diagnoses is critical for a successful provider HCC performance. Assessing and reporting all diagnoses that coexist reflects the actual patient panel's health status. The following are conditions that providers may miss when evaluating their patients.

EVALUATING ECHO RESULTS

The following are 4 conditions that impact the HCC models:



➤ Heart Failure, I50.9

EF <45% or normal EF with S&S and left atrium/ventricular enlargement, engorged inferior vena cava, elevated E/e filling velocity; or elevated brain natriuretic peptide (BNP)

➤ Pulmonary Hypertension, I27.20

Pulmonary artery pressure >35

➤ Arteriosclerotic or Calcified Aorta, I70.0

If tortuous, use I77.1;

If only the aortic arch, use Q25.46

➤ Cardiomyopathy, I42.9

Moderate to severe left hypertrophy or valve disease

Pulmonary Fibrosis, J84.10

Imaging studies with terms such as calcified granuloma, diffuse idiopathic interstitial, or scarring tissue

Chronic Respiratory Failure, J96.10

Patients using supplemental oxygen at home

Labs/Results	Conditions/Codes
Two GFRs between 30-59, 90 days apart	CKD stage 3 (N18.30), stage 3a (N18.31), or stage 3b (N18.32)
Two WBCs < 4.0 (ANC < 1500)	Neutropenia, D70.9
Elevated/low PTH	Hyperparathyroidism, E21.3 or Hypoparathyroidism, E20.9
Two platelets < 140	Thrombocytopenia, D69.6
Two platelets > 450	Thrombocytosis, D47.3
Elevated homocysteine in urine or blood	Homocysteinemia or homocystinuria, E72.11

Senile Purpura, D69.2

Characterized by irregularly-shaped macules, 1-4 cm in diameter, that are dark purple with well-defined margins¹

Malnutrition, E46

Patients with a BMI <19 and anemia, substance use disorder or another chronic condition

Sacroiliitis, M46.1

Degeneration of the sacroiliac joint²

Spinal Enthesopathy, M46.00

Enlargement, hypertrophy or calcification of the ligamentum flavum

In order to bill/report a code, the documentation must indicate that the diagnosis requires or affects patient care treatment or management.



Morbid Obesity, E66.01

BMI greater than 40, but also a BMI greater than 35 with at least one obesity-related condition³. Some obesity-related conditions are hypertensive cardiovascular disease, pulmonary/respiratory disease, diabetes, sleep apnea, or degenerative arthritis of weight-bearing joints⁴

Hyperglycemia in Diabetes, E11.65

Persistent blood glucose levels over 140mg/dL or an A1c level over 8%⁷

Immunodeficiency (Immunocompromised)⁵

-Due to other conditions, D84.81

Patients with DM and recurrent infections or ulcers that don't heal

-Due to chemotherapy or drugs, D84.821

Other drugs could be immunosuppressant, prednisone, corticosteroid, betamethasone, or DMARDs

-Due to radiotherapy, D84.822

Secondary Hypercoagulable State, D68.69

Acquired disorder in patients with underlying systemic diseases or clinical conditions known to be associated with an increased risk of thrombosis. For example: malignancy, pregnancy, use of oral contraceptives, myeloproliferative disorders, hyperlipidemia, diabetes mellitus, history of DVTs, A-fib, and abnormalities of blood vessels and rheology⁶



Calcified Basal Ganglia, G23.8 or Degeneration in CT/MRI brain studies, G23.9

Functional Quadriplegia, R53.2

Complete inability to move due to severe disability or frailty caused by another medical condition without physical injury or damage to the brain or spinal cord. Patients usually do not have the mental ability to move themselves and require "total care," such as turning every one or two hours and full assistance with feeding, elimination and hygiene⁸.

The following are common causes:

- Late-stage Alzheimer's disease (AD), **G30.9** and **F02.80**
-For other types of advanced-stage dementias, see ICD-10-CM codebook
- Multiple sclerosis, **G35**
- Amyotrophic lateral sclerosis (ALS), **G12.21**
- Huntington's disease, **G10**
- Severe intellectual disability, **F72**
- Other similar conditions that impair basic activities of daily living



Ostomies (Current)	Amputations
<ul style="list-style-type: none"> • Colostomy, Z93.3; Cystostomy, Z93.50 • Cutaneous-vesicostomy, Z93.51 • Gastrostomy (PEG), Z93.1 • Ileostomy, Z93.2; Tracheostomy, Z93.0 	<ul style="list-style-type: none"> • Right hand, Z89.111; Left hand, Z89.112; Right arm Z89.201; Left arm, Z89.202 • Above left knee amputation (AKA), Z89.612; Above right knee amputation (AKA), Z89.611 • Below left knee amputation (BKA), Z89.512; Below right knee amputation (BKA), Z89.511 • Left ankle, Z89.442; Left foot, Z89.432; Left great toe, Z89.412; Other left toe, Z89.412 • Right ankle, Z89.441; Right foot, Z89.431; Right great toe, Z89.411; Right toe, Z89.411
Transplants Status	
<ul style="list-style-type: none"> • Kidney, Z94.0; Heart, Z94.1; Lung, Z94.2; Both, Z94.3; Liver, Z94.4 • Bone marrow, Z94.81 • Intestines, Z94.82; Pancreas, Z94.83 • Stem cells, Z94.84 	

References and additional notes:

- This tool is not intended to diagnose, evaluate, or treat patients. Each provider is responsible for the clinical and diagnostic decisions pertinent to their patient's care. Always refer to the ICD-10-CM codebook for correct coding and more information about coding guidelines at: cdc.gov/nchs/icd/icd10cm.htm
1. DermNet: dermnetnz.org/topics/senile-purpura/
 2. AHA Coding Clinic for ICD-10-CM/PCS. 2020 Number 2 Second Quarter Volume 7: codingclinicadvisor.com
 3. Obesity Medicine Association. Anna Welcome. 2019. What is Morbid Obesity? Not What You Might Think. Excerpted from: obesitymedicine.org/what-is-morbid-obesity/
 4. First Coast Services Options, Inc. 2019. Local Coverage Determination Surgical Management of Morbid Obesity (L33411). Excerpted from: cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33411&ver=29&DocID=L33411&bc=AAAAAA/AAAA&
 5. AHA Coding Clinic for ICD-10-CM/PCS. 2021 Number 1 First Quarter Volume 8: codingclinicadvisor.com
 6. US National Library of Medicine, National Institute of Health. 1985. The hypercoagulable states. Excerpted from: ncbi.nlm.nih.gov/pubmed/3158262
 7. Mayo Clinic. Hyperglycemia. Excerpted: mayoclinic.org/diseases-conditions/hyperglycemia/basics/tests-diagnosis/con-20034795
 8. Pinson, R., MD. (2012, May 15). Functional quadriplegia (American College of Physicians, Ed.). Retrieved August 1, 2019, from: acphospitalist.org/archives/2012/05/coding.htm