

## HCC Documentation Quick Guide

### What is HCC?

- HCC scores are payment multipliers for Risk Adjustment. They predict future healthcare needs for that specific patient. The scores are based on the acuity of illness of the patient based upon reported ICD-9 codes and demographics.
- HCC scores are based on documentation of diagnoses from face-to-face encounters in the office and hospital settings for the previous 12-month period (mostly from office visits).
- The HCC Risk Adjustment is ultimately reflected in reimbursement.

### HCC Documentation Guiding principles:

- Include all active and pertinent chronic conditions (and submit all codes for billing)
- Use H/O appropriately
- Avoid unspecified diagnosis descriptions
- Document causal relationships

### ➤ Include all active and pertinent chronic conditions (example):

Initial Documentation	ICD-9	HCC
Diabetes Mellitus	250.00	0.162
UTI	599.0	0.0
Improved Documentation	ICD-9	HCC
Diabetes Mellitus with Renal Manifestations	250.40	0.508
CKD Stage 3 due to Diabetes	585.3	0.368
Current use of insulin	V58.67	0.162
UTI	599.0	0.0
Old MI	412	0.244
BKA Status	V49.75	0.678

### ➤ Use H/O appropriately:

Incorrect Documentation	Correct Documentation
H/O CHF, meds: Lasix	Compensated CHF, stable on Lasix
H/O angina, meds: nitroquick	Angina, stable on nitro
H/O COPD, meds: Advair	COPD, controlled with Advair

➤ **Avoid unspecified diagnosis descriptions and document causal relationships**

Diagnosis	Insufficient Documentation	Improved Documentation
<b>CHF</b>	CHF	Acute systolic CHF Chronic systolic CHF Acute on chronic CHF Acute diastolic CHF Chronic diastolic CHF Acute on chronic diastolic CHF Acute combined systolic and diastolic CHF Chronic combined systolic and diastolic CHF Acute on chronic combined systolic and diastolic CHF
<b>CKD</b>	Chronic Kidney Disease	Stage I – V and ESRD Renal dialysis status Related conditions: HTN, PVD

Diagnosis	Improved Documentation
<b>Diabetes Mellitus</b>	<p><b>Include:</b></p> <ul style="list-style-type: none"> <li>• Type I or Type II</li> <li>• Controlled/uncontrolled</li> <li>• Manifestations</li> <li>• Related conditions: long-term insulin use, renal dialysis, amputations</li> </ul>
<p><b>Causal relationships:</b> It is much stronger to document "due to", "secondary to" or "diabetic" instead of "with"</p> <p><b>Examples:</b> "diabetic retinopathy" vs. "diabetes with retinopathy"</p>	<p><b>Manifestations:</b> The 4th digit</p> <ul style="list-style-type: none"> <li>• 250.00 no complication</li> <li>• 250.10 ketoacidosis</li> <li>• 250.20 hyperosmolarity</li> <li>• 250.30 coma</li> <li>• 250.40 renal manifestations</li> <li>• 250.50 ophthalmological manifestation</li> <li>• 250.60 neurological manifestations</li> <li>• 250.70 peripheral circulatory disorders</li> <li>• 250.80 other specified manifestations</li> </ul> <p><b>Remember to also document and code the manifestation!</b></p>