Most Common Missed Hierarchical Condition Category (HCC) Opportunities

**** Members' Risk Adjustment Factor (RAF) scores reset every calendar year; chronic conditions must be accurately recaptured at least once a year. ****

Obesity & BMI Capture

Morbid obesity is defined as a serious health condition characterized by an abnormally high body mass. It is diagnosed when a person's body mass index (BMI) exceeds 40 kg/m² or is over 35 kg/m² with at least one obesity-related comorbidity.

Diagnosis relies on the provider's clinical judgment and documentation. For best coding practices, the provider must document morbid obesity (E66.01) along with the appropriate BMI code that corresponds to the BMI value on the medical record (Z68.-).

Documentation Guidelines

When documenting BMI and nutrition-related conditions, include:

- Specific clinical diagnosis of nutrition-related conditions, such as overweight, obesity, protein-calorie malnutrition, cachexia, or other related conditions.
- Severity (e.g., mild, moderate, severe).
- Causative factors (e.g., excessive calories, terminal illness, drug-induced, malabsorption).
- Associated comorbidities such as: diabetes, heart disease, hypertension, and obstructive sleep apnea.

Respiratory Chronic Conditions

In ICD-10-CM, category J44 includes codes for Chronic Obstructive Pulmonary Disease (COPD) with an acute lower respiratory infection, COPD with an acute exacerbation, and unspecified COPD. When there is an acute lower respiratory infection, the type must be documented for correct coding. Coders should also document tobacco smoke exposure or dependence.

An acute exacerbation is a worsening of a chronic condition, not the same as an infection and must be documented as such. If caused by an infection, the type of infection and the causal organism should be documented, in addition to the management and treatment.

Accurate documentation of asthma should include the severity of asthma and describe the frequency, such as mild intermittent, or severe persistent.

Documentation Guidelines

When documenting respiratory diseases, include:

- Subtype of COPD, if known (e.g., emphysema, chronic bronchitis, chronic obstructive asthma)
- Key Factors to include:
  - The type and severity
  - Frequency and triggers
  - Response to treatment/medications
  - Instances of emergency medical interventions/hospitalizations
    - Associated conditions (e.g., bronchiectasis, pulmonary fibrosis, alpha-1 antitrypsin deficiency)
    - Tobacco use, dependence, or a history of tobacco use or exposure to second-hand tobacco smoke
    - Complications (e.g., lower respiratory tract infection, acute or chronic respiratory failure, spontaneous pneumothorax)
    - Dependence on supplemental oxygen or mechanical ventilation
    - Do not document "*History of*" for members with active conditions or current treatment.

Amputations

Amputation status (Z89) represents the absence of a limb that has been removed by trauma, medical illness or surgery. Amputation status must be addressed and reported **annually** to capture the condition.

Documentation on the chart should include regular examinations of the extremities, the existence of any amputations (including level, laterality, and impact on the member's health). Stating the patient is coping well with amputation demonstrates adequate assessment.

Documentation Guidelines

Amputation status must be addressed and reported annually to capture the condition. To report a code to the highest level of specificity, the medical record should include pertinent details such as:

- Anatomical site and laterality
- Level of amputation (complete/partial)
- Prescence of prosthetics
- Associated malignancies
- Complications and late effects
    - Gangrene
    - Phantom limb syndrome
- Underlying conditions such as peripheral vascular disease, diabetes, and atherosclerosis

Ostomy Status

Z93 is used to indicate the "*status of*" and Z43 is used to report encounters for the *"attention to artificial openings*"; this includes situations where a patient is receiving care related to an -ostomy.

Documentation Guidelines

Use of "attention to artificial opening" (Z43 group) is correct when treatment is given to an ostomy, these codes can be reported when:

- Patient has undergone a surgical procedure resulting in the creation of a colostomy.
- Patient presents for an encounter specifically for attention to the colostomy, such as routine care, cleaning, or management.
- No current complications or problems with the colostomy are present during the encounter.
- The visit is not for treatment of a disease or condition related to the colostomy, but solely for its maintenance or aftercare.

Z93 vs Z43 Physician Documentation example:

- Documentation for Z93.X – Current Status of -ostomy
    - Assessment/Plan: *-ostomy in place, without need for care*
- Documentation for Z43.X – Attention to -ostomy
    - Assessment/Plan: *Attention to -ostomy, cleaned wound today in office.*

Transplant Status

Status codes are necessary to help physicians identify significant medical events that the patient experienced in the past. Status conditions often do not require Management, Evaluation, or Treatment; however, when observed during a patient's visit, they should be documented in the Progress Note, included in the Final Assessment and added to the claim for submission or that HCC remains an open gap.

Documentation Guidelines

Z94 Organ transplant status Category Z94 codes identify post-transplant status when there are no complications of the transplanted organ.

A transplant impacts future medical care, even if the transplant does not develop complications, it must be reported **yearly.**

- Document the organ transplanted
- Date/time of surgical transplant
- Report any complications related to transplant status

Human Immunodeficiency Virus (HIV) Status

Document positive HIV status if the patient tests positive for HIV but has no symptoms. This should be documented on any future visits despite the persistent absence of symptoms.

Documentation guidelines:

When documenting HIV infection, include:

- Status, such as positive HIV status, asymptomatic, and exposure.
- Symptoms or diseases related to the HIV infection, such as opportunistic infections and malignancies.
- Any current treatment.

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